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21957

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

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SC Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
The Honorable S. Phillip Lenski, Administrative Law Judge

Appellate Case No. 2015-000056
Lower Court Docket No. 11-ALJ-07-0575-CC

Amisub of South Carolina, Inc. d/b/a Piedmont Medical Center
d/b/a Fort Mill Medical Center ..... Respondent,

v.

South Carolina Department of Health and Environmental Control
and The Charlotte-Mecklenburg Hospital Authority, d/b/a Carolinas
Medical Center-Fort Mill ..... Respondents,

Of whom The Charlotte-Mecklenburg Hospital Authority, d/b/a Carolinas
Medical Center-Fort Mill, is ..... Appellant.

RECORD ON APPEAL – VOLUME XII OF XVII

Douglas M. Muller, SC Bar #10277
Trudy H. Robertson, SC Bar #64856
E. Brandon Gaskins, SC Bar #73274
Moore & Van Allen, PLLC
78 Wentworth Street
P.O. Box 22828
Charleston, SC 29413-2828
(843) 579-7000 Telephone
(843) 579-7099 Facsimile
Email: *dougmuller@mvalaw.com*
Email: *trudyrobertson@mvalaw.com*
Email: *brandongaskins@mvalaw.com*
Attorneys for Appellant The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Healthcare System

Daniel J. Westbrook, SC Bar #012939
Stuart M. Andrews, Jr., SC Bar #000400
Susanna Knox, SC Bar #100954
Nelson, Mullins, Riley &
Scarborough, L.L.P.
1320 Main Street, 17th Floor
Columbia, SC 29201
(803) 799-2000
Email: *stuart.andrews@nelsonmullins.com*
Email: *dan.westbrook@nelsonmullins.com*
Email: *susannah.knox@nelsonmullins.com*
Attorneys for Respondent, Amisub of South Carolina, Inc., d/b/a Piedmont Medical Center, d/b/a Fort Mill Medical Center

(caption continued from cover page):

Ashley C. Biggers, SC Bar #17225
Vito M. Wicevic
DHEC, Office of the General Counsel
2600 Bull Street
Columbia, SC 29201
(803) 898-3350
Email: *biggerac@dhec.sc.gov*
Email: *wicevivm@dhec.sc.gov*
Attorneys for Respondent South Carolina Department of Health and Environmental Control

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

For Official Use Only
License # H0255 Medicare # **340166**
Computer: 923516
PC _____ Date _____

License Fee: **$2,725.00**

2012
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **The Charlotte-Mecklenburg Hospital Authority**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center-University**
Other: _____
Other: _____

Facility Mailing Address: P O Box 560727
Charlotte, NC 28256

Facility Site Address: 8800 North Tryon St
Charlotte, NC 28262
County: Mecklenburg
Telephone: (704)863-6000
Fax: (704)863-6236

Administrator/Director: William H Leonard
Title: President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: William H. Leonard **Title:** President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Cynthia M. Polshak **Telephone:** (704)512-6423

E-Mail: cindy.polshak@carolinashealthcare.org

Primary National Provider Identifier (NPI) registered at NPPES 1346297892

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

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

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



All responses should pertain to **October 1, 2010 through September 30, 2011**.

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Please see attached		

Please attach a separate sheet for additional listings

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

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

   Owner: Charlotte-Mecklenburg Hospital Authority
   Federal Employer ID# 56-1429508
   Street/Box: P O Box 560727
   City: Charlotte State: NC Zip: 28256
   Telephone: (704)863-6000 Fax: (704) 863-6236
   CEO: Michael C. Tarwater

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

   If 'Yes', name of Health System*: The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System
   * (*please attach a list of NC facilities that are part of your Health System*)
   If 'Yes', name of CEO: Michael C. Tarwater

   a. Legal entity is: ___ For Profit ___X___ Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC ___X___ Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes ___X___ No

   If "**YES**", name of building owner:

   _____

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

   If 'Yes', name and address of the management company.
   Name: _____
   Street/Box: _____
   City: _____ State: _____ Zip: _____
   Telephone: (___) _____

The Joint Commission

HELPING HEALTH CARE ORGANIZATIONS HELP PATIENTS

Quality Check

Accreditation Quality Report

- > Summary of Accreditation Quality Information
- > Accredited Programs
- > Accreditation National Patient Safety Goals
- > Sites and Services
- > Accreditation History
- > Download Accreditation PDF Report
- > Download Accreditation PDF Report - Include Quarterly Data
- > Accreditation Quality Report User Guide

Certification Quality Report

- > View Certification Quality Report

Quality Report

Summary of Quality Information

Carolinas Medical Center - University
Org ID: 6481
8800 North Tryon Street
Charlotte, NC 28262
(704)863-6000
www.carolinashealthcare.org

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	10/10/2009	10/9/2009	10/9/2009

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Inpatient Diabetes	Certification	11/3/2009	11/2/2009	11/2/2009

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Acute Coronary Syndrome	Certification	11/7/2009	11/6/2009	11/6/2009

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Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This measure is not applicable for this organization.
- Not displayed

Footnote Key

National Patient Safety Goals and National Quality Improvement Goals

Reporting Period: Apr 2010 - Mar 2011

Hospital			Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
	2009 National Patient Safety Goals	See Detail	✓	N/A *
	National Quality Improvement Goals:			
	Heart Attack Care	See Detail	⊕	⊕
	Heart Failure Care	See Detail	✓	✓
	Pneumonia Care	See Detail	⊕	⊕
	Surgical Care Improvement Project (SCIP)			

1. The measure or measure set was not reported.
2. The measure set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

SCIP - Cardiac	See Detail		
SCIP - Infection Prevention *For All Reported Procedures:*	See Detail	⊕	⊕
• Colon/Large Intestine Surgery	See Detail	⊘	⊘
• Hip Joint Replacement	See Detail	⊕	⊕
• Hysterectomy	See Detail	⊕	⊕
• Knee Replacement	See Detail	⊕	⊕
SCIP – Venous Thromboembolism (VTE)	See Detail		

30 Day Risk Adjusted Mortality Rates (see details)

30 Day Hospital Readmission Rates (see details)

Survey of Patients' Hospital Experiences (see details)

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences(HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

The Joint Commission only reports measures endorsed by the National Quality Forum.

* State results are not calculated for the National Patient Safety Goals.

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Sites and Services

*** Primary Location**

An organization may provide services not listed here. For more information refer to the Quality Report User Guide .

Locations of Care

Carolinas Medical Center - University *
8800 North Tryon Street
Charlotte, NC 28262

Available Services

Joint Commission Advanced Certification Programs:
- Inpatient Diabetes

Joint Commission Certified Programs:
- Acute Coronary Syndrome

Services:
- Cancer Center/Oncology (Inpatient, Outpatient)
- Cardiac Catheterization Lab (Inpatient, Outpatient)
- Cardiac Unit/Cardiology (Inpatient, Outpatient)
- CT Scanner (Inpatient, Outpatient)
- Dialysis (Inpatient)
- EEG/EKG/EMG Lab (Inpatient, Outpatient)
- Emergency Room (Outpatient)
- Endocrinology (Inpatient, Outpatient)
- Family Practice (Inpatient)
- Gastroenterology (Inpatient, Outpatient)
- General Laboratory Tests
- General Medical Services (Inpatient, Outpatient)
- General Surgery (Inpatient, Outpatient)
- GI or Endoscopy Lab
- Neurology (Inpatient)
- Nuclear Medicine (Inpatient, Outpatient)
- Nursery (Inpatient)
- Obstetrics (Inpatient, Outpatient)
- Operating Room (Inpatient, Outpatient)
- Ophthalmology/Eye Surgery (Inpatient, Outpatient)
- Oral Maxillofacial Surgery (Inpatient, Outpatient)
- Orthopedic Surgery (Inpatient, Outpatient)
- Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient)
- Outpatient Surgery (Outpatient)
- Pain Management (Inpatient, Outpatient)
- Pediatric Care (Inpatient, Outpatient)
- Plastic Surgery (Inpatient,

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PET-EX038B.0004
RECORD 005338

	(Inpatient, Outpatient) • Gynecology (Inpatient, Outpatient) • Hematology/Blood Treatment (Inpatient, Outpatient) • Imaging/Radiology (Inpatient, Outpatient) • Infectious Diseases (Inpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient, Outpatient) • Labor & Delivery (Inpatient) • Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Neonatal Intensive Care (Inpatient) • Nephrology (Inpatient) Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Inpatient, Outpatient) • Rehabilitation and Physical Medicine (Inpatient) • Respiratory Care (Ventilator) (Inpatient) • Sleep Center (Outpatient) • Telemetry (Inpatient) • Thoracic Surgery (Inpatient, Outpatient) • Ultrasound (Inpatient, Outpatient) • Urology (Inpatient, Outpatient) • Vascular Surgery (Inpatient, Outpatient) • Wound Care (Inpatient)
Carolinas Medical Center - ~~Northcross~~ Huntersville 16455 Statesville Road, Suite 100 Huntersville, NC 28078	• Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient)
Carolinas Sleep Services - ~~Northcross~~ Huntersville 16455 Statesville Road Huntersville, NC 28078	• General Outpatient Services (Outpatient)
Carolinas Sleep Services - University 10320 Mallard Creek Road, Suite 220 Charlotte, NC 28269	• General Outpatient Services (Outpatient)
Southeast Pain Care Center - ~~Northcross~~ Huntersville 16455 Statesville Road, Suite 310 Huntersville, NC 28078	• Anesthesia (Outpatient) • General Outpatient Services (Outpatient)
Southeast Pain Care Center - University 101 East W.T Harris Blvd, Suite 4001 Charlotte, NC 28262	• Anesthesia (Outpatient) • General Outpatient Services (Outpatient)

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The Joint Commission obtains information about accredited/certified organizations not only through direct observations by its employees **...Read more.**

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Carolinas HealthCare System - North Carolina		
Owned, Managed, and Leased Facilities	**As of September 30, 2011**	
Facility	**Location**	**Relationship to CHS**
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Pineville	Owned
Carolinas Medical Center - Randolph	Charlotte	Owned
Carolinas Medical Center - Union/First Step Recovery Center	Monroe	Owned/Lease
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation-Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Owned/Lease
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Owned/Lease
Grace Hospital	Morganton	Managed
Harris Regional	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Owned/Lease
Levine Children's Hospital	Charlotte	Owned
Murphy Medical Center	Murphy	Managed
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Southpark Imaging Center (CIS)	Charlotte	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union Medical Services, LLC (Union West MRI)	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery (WaveCo, LLC)	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Cleveland Ambulatory Services, LLC		CCHS (60%)
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center, LLC	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Owned/Lease
College Pines Nursing Center	Valdese	Owned
Edwin Morgan Center (517 Peden St., Laurinburg, NC 28352)	Laurinburg	Managed
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice and Palliative Care of Cabarrus County	Kannapolis	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Owned/Lease
Lillie Bennett Nursing Center	Wadesboro	Owned
Murphy Medical Center Nursing Home	Murphy	Managed
North Mecklenburg Nursing Home, LLC (not open yet)		Owned (10%)
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

Note: This data represents Carolinas HealthCare System's (CHS) North Carolina Hospitals, Imaging Centers, Ambulatory Surgery Centers, and Nursing Homes. CHS also operates numerous Physician Practices and Urgent Care Center locations.

Ownership Disclosure *continued....*

3. Vice President of Nursing and Patient Care Services: Rose Brandau, Vice President/Chief Nurse Executive
4. Director of Planning: Del Murphy

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	6132	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	6160	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	57.94	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3353	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ~~X~~ No Expiration Date: 10/09/2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

PMC.2013.00016128

PET-EX038B.0007

RECORD 005341

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus *(see G.S. 131E-176(2c))*]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* CMC - University	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	8	8	1737
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	73	73	*** 10,336
k. Neonatal Level III ** (Not Normal Newborn)	9	9	** 1,144
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	28	28	4,071
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) Progressive Care Unit	12	12	3860
Total General Acute Care Beds/Days (a through q)	**130**	130	21,148
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**130**	130	21,148

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	n/a

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	1698	21,801	4141	73	164
Medicare & Medicare Managed Care	7470	7,926	11,935	315	812
Medicaid	3244	18,758	4304	174	1077
Commercial Insurance	470	1209	612	18	63
Managed Care	8171	18,894	22,768	927	4309
Other (Specify)	95	2,376	1797	33	277
TOTAL	21,148	70,964	45,557	1540	6702

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	991
b. Live births (Cesarean Section)	496
c. Stillbirths	25

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	Ø
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 4)	28
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	28

2. Abortion Services

Number of procedures per Year Ø

PMC.2013.00016130

PET-EX038B.0009

RECORD 005343

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 35

a.1. #Trauma Rooms 19 a.2. #Fast Track Rooms Ø Other 16

b. Total Number of ED visits for reporting period: 70,964

c. Total Number of admits from the ED for reporting period: 3729

d. Total Number of Urgent Care visits for reporting period: Not Applicable.

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

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

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

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 423
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

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

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

PMC.2013.00016131

PET-EX038B.0010

RECORD 005344

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	1		Ø
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	68	Ø	Ø
4. Number of Procedures* Performed in Mobile Units	n/a	n/a	n/a

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

Name of Mobile Vendor: n/a

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	n/a
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	n/a
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	n/a
4. Total Open Heart Surgery Procedures (2. + 3.)	n/a
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	n/a
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	n/a

PMC.2013.00016132

PET-EX038B.0011

RECORD 005345

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(Campus – *If multiple sites*: Consolidated)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	2
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	12

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 5

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development. Ø

CON Project ID Number(s)_____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	550	1446	972	2284
Non-GI Endoscopy	11	754	162	1274
Totals	561	2200	1134	3558

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

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

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(Campus – *If multiple sites*: CMC-University)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	10

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 3

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development. Ø

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	550	1446	972	2284
Non-GI Endoscopy	11	754	162	1274
Totals	561	2200	1134	3558

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

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

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(Campus – *If multiple sites*: CMC-Huntersville)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	Ø
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	2
Shared - Inpatient / Ambulatory Surgery	Ø
Total of Surgical Operating Rooms	2

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: Ø

Number of additional CON approved GI Endoscopy Rooms pending development. Ø

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	Ø	Ø	Ø	Ø
Non-GI Endoscopy	Ø	Ø	Ø	Ø
Totals	Ø	Ø	Ø	Ø

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

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

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

(**Campus** – ***If multiple sites:*** Consolidated)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	Ø	Ø
Open Heart Surgery (from 7.(b) 4.)	Ø	
General Surgery	467	990
Neurosurgery	Ø	Ø
Obstetrics and GYN (excluding C-Sections)	193	1338
Ophthalmology	1	425
Oral Surgery	63	203
Orthopedics	223	1180
Otolaryngology	13	1264
Plastic Surgery	7	268
Urology	77	318
Vascular	Ø	Ø
Other Surgeries (specify) Pain Management	Ø	25
Other Surgeries (specify) Dental/Other	Ø	691
Number of C-Section's Performed in Dedicated C-Section ORs	495	
Number of C-Section's Performed in Other ORs	1	
Total Surgical Cases	1540	6702

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	1179
Cystoscopy	51	527
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify) TEE / Cardioversions	42	57
Other (specify) Bronchoscopy/Pulmonary	48	88
Other (specify) Bone Marrow Biopsy/ [redacted]	Ø	[redacted]5
Total Non-Surgical Cases	141	[redacted]

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1856

PMC.2013.00016136

PET-EX038B.0015

RECORD 005349

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

(Campus – *If multiple sites*: CMC-University)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	Ø	Ø
Open Heart Surgery (from 7.(b) 4.)	Ø	
General Surgery	467	909
Neurosurgery	Ø	Ø
Obstetrics and GYN (excluding C-Sections)	193	1110
Ophthalmology	1	320
Oral Surgery	63	203
Orthopedics	223	1023
Otolaryngology	13	635
Plastic Surgery	7	63
Urology	77	200
Vascular	Ø	Ø
Other Surgeries (specify) Dental	Ø	679
Other Surgeries (specify)	Ø	Ø
Number of C-Section's Performed in Dedicated C-Section ORs	495	
Number of C-Section's Performed in Other ORs	1	
Total Surgical Cases	1540	5142

e) Non-Surgical Cases by Category Table

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	712
Cystoscopy	51	510
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify) TEE/Cardioversions	42	57
Other (specify) Bronchoscopy/Pulmonary	48	88
Other (specify) Bone Marrow Biopsy	Ø	5
Total Non-Surgical Cases	141	1372

PMC.2013.00016137

PET-EX038B.0016

RECORD 005350

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

(**Campus** – *If multiple sites:* CMC-Huntersville)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	Ø	Ø
Open Heart Surgery (from 7.(b) 4.)	Ø	[redacted]
General Surgery	Ø	81
Neurosurgery	Ø	Ø
Obstetrics and GYN (excluding C-Sections)	Ø	228
Ophthalmology	Ø	105
Oral Surgery	Ø	Ø
Orthopedics	Ø	157
Otolaryngology	Ø	629
Plastic Surgery	Ø	205
Urology	Ø	118
Vascular	Ø	Ø
Other Surgeries (specify) Pain Management	Ø	25
Other Surgeries (specify) Other	Ø	12
Number of C-Section's Performed in Dedicated C-Section ORs	Ø	[redacted]
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	Ø	1560

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	467
Cystoscopy	Ø	17
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify) [redacted]	Ø	[redacted] Ø
Other (specify)	Ø	Ø
Other (specify)	Ø	Ø
Total Non-Surgical Cases	Ø	[redacted] 484

PMC.2013.00016138

PET-EX038B.0017

RECORD 005351

9. Average Operating Room Availability and Average Case Times:

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

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

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

Consolidated

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8.41	255	138.68	88.45

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

PMC.2013.00016139

PET-EX038B.0018

RECORD 005352

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

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

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

CMC- University (excludes C-Sections)

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8.5	255	138.68	92.47

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

9. Average Operating Room Availability and Average Case Times:

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

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

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

CMC - Huntersville

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8.00	255	n/a	75.2

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

PMC.2013.00016141

PET-EX038B.0020

RECORD 005354

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	Ø	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners/Procedures	1	393	378	771	1512	2030	3542	4313
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	Ø
70540	MRI Orbit/Face/Neck w/o	5
70542	MRI Orbit/Face/Neck with contrast	3
70543	MRI Orbit/Face/Neck w/o & with	37
70544	MRA Head w/o	437
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	1
70547	MRA Neck w/o	299
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	3
70551	MRI Brain w/o	775
70552	MRI Brain with contrast	4
	Subtotal for this page	1566

PMC.2013.00016142

PET-EX038B.0021

RECORD 005355

10b. MRI Procedures by CPT Codes *continued*. . . . .

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	560
7055A	IAC Screening	Ø
71550	MRI Chest w/o	1
71551	MRI Chest with contrast	2
71552	MRI Chest w/o & with	Ø
71555	MRA Chest with OR without contrast	Ø
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	314
72142	MRI Cervical Spine with contrast	16
72156	MRI Cervical Spine w/o & with	48
72146	MRI Thoracic Spine w/o	106
72147	MRI Thoracic Spine with contrast	3
72157	MRI Thoracic Spine w/o & with	40
72148	MRI Lumbar Spine w/o	538
72149	MRI Lumbar Spine with contrast	2
72158	MRI Lumbar Spine w/o & with	75
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	50
72196	MRI Pelvis with contrast	Ø
72197	MRI Pelvis w/o & with	116
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	24
73219	MRI Upper Ext, other than joint with contrast	Ø
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	152
73222	MRI Upper Ext, any joint with contrast	33
73223	MRI Upper Ext, any joint w/o & with	2
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	83
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	21
73721	MRI Lower Ext any joint w/o	337
73722	MRI Lower Ext any joint with contrast	9
73723	MRI Lower Ext any joint w/o & with	5
73725	MRA Lower Ext w/o OR with contrast	Ø
74181	MRI Abdomen w/o	22
74182	MRI Abdomen with contrast	1
	Subtotal for this page	2566

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RECORD 005356

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	166
74185	MRA Abdomen w/o OR with contrast	15
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	Ø
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	181
	Total Number of Procedures for all pages	4313

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	6043	X	1.00	=	6043.00
2	Head with contrast	136	X	1.25	=	170.00
3	Head without and with contrast	57	X	1.75	=	99.75
4	Body without contrast	4907	X	1.50	=	7360.50
5	Body with contrast	6945	X	1.75	=	12,153.75
6	Body without contrast and with contrast	2858	X	2.75	=	7859.50
7	Biopsy in addition to body scan with or without contrast	31	X	2.75	=	85.25
8	Abscess drainage in addition to body scan with or without contrast	29	X	4.00	=	11600

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	4	3673	8937	12,610
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	4	3034	36,575	39,609
Fixed Fluoroscopic X-ray Equipment	4	120	1,226	1,346
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	296	335	631
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
* SPECT	Ø	181	353	534
Mobile SPECT Vendor:				
* Gamma Camera	1	247	623	870
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	Ø	194	194

Lithotripsy Vendor/Owner:
The Stone Institute

* Gamma Camera is capable of doing both bone + heart SPECT scans.

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n/a

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	

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PET-EX038B.0025

RECORD 005359

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # Patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**
b. Total number of Linear Accelerator(s)
c. Number of Linear Accelerators configured for stereotactic radiosurgery
d. Number of simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))
e. Number of CyberKnife® Systems: _____, Gamma Knife®_____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment _____

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? Yes

b. Does your facility read telemedicine images? Yes

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy	X	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

b) **Hospice Inpatient Unit Data:**

n/a

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence.** Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

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PET-EX038B.0026

RECORD 005360

13. Additional Services: *continued*

n/a

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

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

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

n/a

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

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

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PET-EX038B.0027

RECORD 005361

13. Additional Services; *continued*

c) Mental Health and Substance Abuse *continued*

n/a

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

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

PMC.2013.00016149

PET-EX038B.0028

RECORD 005362

Patient Origin - General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	2
3. Alleghany		39. Granville		75. Polk	1
4. Anson	6	40. Greene		76. Randolph	1
5. Ashe	1	41. Guilford	11	77. Richmond	4
6. Avery	1	42. Halifax		78. Robeson	6
7. Beaufort		43. Harnett	1	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	20
9. Bladen		45. Henderson	3	81. Rutherford	7
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke	1	83. Scotland	3
12. Burke	5	48. Hyde		84. Stanly	31
13. Cabarrus	619	49. Iredell	39	85. Stokes	
14. Caldwell	2	50. Jackson	1	86. Surry	1
15. Camden	1	51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	6	54. Lenoir		90. Union	77
19. Chatham		55. Lincoln	28	91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	18	59. McDowell		95. Watauga	1
24. Columbus	2	60. Mecklenburg	4853	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	7	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	2
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie	1	66. Northampton	1	101. Georgia	11
31. Duplin		67. Onslow		102. South Carolina	100
32. Durham	3	68. Orange		103. Tennessee	7
33. Edgecombe		69. Pamlico		104. Virginia	11
34. Forsyth	8	70. Pasquotank		105. Other States	125
35. Franklin		71. Pender		106. Other	8
36. Gaston	81	72. Perquimans		**Total No. of Patients**	6132

PMC.2013.00016150

PET-EX038B.0029

RECORD 005363

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford	3	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	12
9. Bladen		45. Henderson	2	81. Rutherford	2
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	9
13. Cabarrus	194	49. Iredell	14	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	1	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	4	54. Lenoir		90. Union	28
19. Chatham		55. Lincoln	11	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	4	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	1158	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	2	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	32
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth	1	70. Pasquotank		105. Other States	15
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	24	72. Perquimans		**Total No. of Patients**	1540

PMC.2013.00016151

PET-EX038B.0030

RECORD 005364

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	13	38. Graham	1	74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	1
4. Anson	18	40. Greene		76. Randolph	3
5. Ashe	3	41. Guilford	9	77. Richmond	6
6. Avery	3	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	2
8. Bertie		44. Haywood	3	80. Rowan	171
9. Bladen		45. Henderson	3	81. Rutherford	1
10. Brunswick	2	46. Hertford		82. Sampson	1
11. Buncombe	4	47. Hoke	1	83. Scotland	1
12. Burke	13	48. Hyde		84. Stanly	94
13. Cabarrus	969	49. Iredell	311	85. Stokes	
14. Caldwell	13	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	69	54. Lenoir		90. Union	214
19. Chatham		55. Lincoln	170	91. Vance	
20. Cherokee		56. Macon		92. Wake	10
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	29	59. McDowell	6	95. Watauga	5
24. Columbus		60. Mecklenburg	4119	96. Wayne	1
25. Craven	1	61. Mitchell	1	97. Wilkes	7
26. Cumberland	8	62. Montgomery		98. Wilson	
27. Currituck	1	63. Moore	1	99. Yadkin	5
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	10	65. New Hanover	2		
30. Davie	6	66. Northampton		101. Georgia	10
31. Duplin		67. Onslow	1	102. South Carolina	111
32. Durham	2	68. Orange		103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	7
34. Forsyth	11	70. Pasquotank		105. Other States	45
35. Franklin		71. Pender		106. Other	2
36. Gaston	194	72. Perquimans		**Total No. of Patients**	6702

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PET-EX038B.0031

RECORD 005365

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	3	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	12	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	2	77. Richmond	2
6. Avery		42. Halifax		78. Robeson	3
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	28
9. Bladen		45. Henderson		81. Rutherford	3
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke	1	48. Hyde		84. Stanly	32
13. Cabarrus	283	49. Iredell	50	85. Stokes	
14. Caldwell	2	50. Jackson		86. Surry	
15. Camden		51. Johnston	3	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	13	54. Lenoir		90. Union	33
19. Chatham		55. Lincoln	47	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	10	59. McDowell	1	95. Watauga	
24. Columbus	1	60. Mecklenburg	2139	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	2	62. Montgomery	4	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	15
32. Durham	1	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	1	70. Pasquotank		105. Other States	19
35. Franklin		71. Pender		106. Other	0
36. Gaston	39	72. Perquimans		**Total No. of Patients**	2761

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PET-EX038B.0032

RECORD 005366

All responses should pertain to **October 1, 2010 through September 30, 2011.** n/a

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Mecklenburg

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

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PET-EX038B.0033

RECORD 005367

All responses should pertain to **October 1, 2010 through September 30, 2011.**

n/a

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Mecklenburg

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

All responses should pertain to October 1, 2010 through September 30, 2011.

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	8	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	21
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	27
13. Cabarrus	421	49. Iredell	39	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	11	54. Lenoir		90. Union	29
19. Chatham		55. Lincoln	15	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	1
22. Clay		58. Martin		94. Washington	
23. Cleveland	13	59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	2559	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	1	62. Montgomery	3	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson	5	65. New Hanover	2		
30. Davie		66. Northampton	1	101. Georgia	7
31. Duplin		67. Onslow		102. South Carolina	39
32. Durham	2	68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	5
34. Forsyth	2	70. Pasquotank	1	105. Other States	34
35. Franklin		71. Pender		106. Other	0
36. Gaston	41	72. Perquimans		**Total No. of Patients**	3311

Are mobile MRI services currently provided at your hospital? **yes** _____ **no** X

All responses should pertain to **October 1, 2010 through September 30, 2011.**

n/a

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg

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

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

PMC.2013.00016157

PET-EX038B.0036

RECORD 005370

All responses should pertain to **October 1, 2010 through September 30, 2011.**

n/a

Patient Origin – PET Scanner

Facility County: Mecklenburg

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

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

PMC.2013.00016158

PET-EX038B.0037

RECORD 005371

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2012 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: William H Leonard **Date:** 11/30/2011

PRINT NAME OF APPROVING OFFICIAL William H. Leonard

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

PMC.2013.00016159

PET-EX038B.0038

RECORD 005372

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

For Official Use Only
License # H0225 Medicare # 340145
Computer: 943311
PC LJ Date 12/23/10

License Fee: $2,217.50

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **The Charlotte-Mecklenburg Hospital Authority**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center- Lincoln**
Other:
Other:

Facility Mailing Address: P O Box 677
Lincolnton, NC 28093-0677

Facility Site Address: ~~200 Gamble Dr~~ 433 McAlister Rd.
Lincolnton, NC 28092
County: Lincoln
Telephone: ~~(704)735-3071~~ 980-212-1000
Fax: ~~(704)735-0584~~ 980-212-1001

Administrator/Director: Peter W. Acker
Title: President/CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Peter W. Acker **Title:** President + CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Leeanne H. Peacock **Telephone:** 980-212-1000
E-Mail: Leeanne.Peacock@Carolinashealthcare.org

PAID
CK. NO. 0004467949
DATE 12-20-10
$2,217.50

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Petitioner's Trial Exhibit 039A

2011 Renewal Application for Hospital:
Carolinas Medical Center- Lincoln

License No: **H0225**
Facility ID: **943311**

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Carolinas Medical Center-Lincoln	433 McAlister Rd. Lincolnton, NC 28092	Hospital
East Lincoln Surgery Center	1525 Forney Creek Pkwy. Denver, NC 28037	Ambulatory Surgery Ctr.

Please attach a separate sheet for additional listings

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

1. What is the name of the legal entity with ownership responsibility and liability?
   Owner: The Charlotte Mecklenburg Hospital Authority
   Federal Employer ID# 56-0529945
   Street/Box: P O Box 677
   City: Lincolnton State: NC Zip: 28093-0677
   Telephone: 980/212-1000 ~~(704)735-3071~~ Fax: (980) 212-1001
   CEO: Peter W. Acker, President & CEO

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

   If 'Yes', name of Health System*: Carolinas HealthCare System
   * ***(please attach a list of NC facilities that are part of your Health System)***
   If 'Yes', name of CEO: Peter W. Acker (CMC-Lincoln)
   Michael Tarwater (CHS)

   a. Legal entity is: ~~X~~ For Profit X Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC X Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

   If "**YES**", name of building owner:

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

   If 'Yes', name and address of the management company.
   Name: NA
   Street/Box: ____
   City: ____ State: ____ Zip: ____
   Telephone: (___) ____

PMC.2013.00015715

PET-EX039A.0002

Ownership Disclosure *continued. . . .*

3. Vice President of Nursing and Patient Care Services: Elaine S. Haynes, RN, BSN,
4. Director of Planning: Peter W. Acker, President + CEO

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	3,180	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	3,209	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	38.5	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2,043	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ~~X~~ No Expiration Date: 10-31-2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes _____ No

PMC.2013.00015716

PET-EX039A.0003

RECORD 005375

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see *G.S. 131E-176(2c)*)]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Carolinas Medical Center-Lincoln	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	10	10	1936
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	74	69	***10,960
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	17	17	1,103
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
1. Total General Acute Care Beds/Days (a through q)	**101**	96	14,049
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**101**	101	14,049

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015717

PET-EX039A.0004

RECORD 005376

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	

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

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

Includes ELSC

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	797	11,983	3,881	17	71
Medicare & Medicare Managed Care	8,505	6,264	21,038	178	375
Medicaid	2,620	10,870	10,429	278	411
Commercial Insurance	151	436	718	8	39
Managed Care	1,724	6,070	14,541	111	621
Other (Specify) *	252	658	2,604	7	31
TOTAL	14,049	36,281	53,211	599	1,548

* Other = Champus/Workmans Comp.

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	140
b. Live births (Cesarean Section)	184
c. Stillbirths	3

d. Delivery Rooms - Delivery Only (not Cesarean Section)	N/A
e. Delivery Rooms - Labor and Delivery, Recovery	N/A
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	10
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16

2. Abortion Services Number of procedures per Year N/A

PMC.2013.00015718

PET-EX039A.0005

RECORD 005377

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 24

a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms _____

b. Total Number of ED visits for reporting period: 36,281

c. Total Number of admits from the ED for reporting period: 2,651

d. Total Number of Urgent Care visits for reporting period: N/A

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? __ Yes X No
b. If "Yes", complete the following chart.

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

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

a. Blood Bank/Transfusion Services X Yes __ No
b. Histopathology Laboratory __ Yes X No
c. HIV Laboratory Testing __ Yes X No
Number during reporting period
HIV Serology _____
HIV Culture _____
d. Organ Bank __ Yes X No
e. Pap Smear Screening __ Yes X No

6. **Transplantation Services** - Number of transplants N/A

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

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

PMC.2013.00015719

PET-EX039A.0006

RECORD 005378

All responses should pertain to **October 1, 2009 through September 30, 2010.** N/A

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment			
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger			
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older			
4. Number of Procedures* Performed in Mobile Units			

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

Name of Mobile Vendor: _____

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	

PMC.2013.00015720

PET-EX039A.0007

RECORD 005379

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

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus – *If multiple sites*:** CMC - Lincoln)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	3
Total of Surgical Operating Rooms	4

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: N/A

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	976	1,137
Non-GI Endoscopy	154	179
Totals	1,130	1,316

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

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

PMC.2013.00015721

PET-EX039A.0008

RECORD 005380

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

(**Campus – *If multiple sites*:** CMC - Lincoln)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	163	506
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	114	269
Ophthalmology		44
Oral Surgery		
Orthopedics	118	179
Otolaryngology		43
Plastic Surgery		1
Urology	20	98
Vascular		
Other Surgeries (specify) Podiatry		30
Other Surgeries (specify) Dentistry		113
Number of C-Section's Performed in Dedicated C-Section ORs	184	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases	599	1,283

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

PMC.2013.00015722

PET-EX039A.0009

RECORD 005381

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
7.33	255	87.65	73.28

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

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

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites***: East Lincoln Surgery Center)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	1
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	1

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) N/A

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: N/A

Number of additional CON approved GI Endoscopy Rooms pending development: N/A

CON Project ID Number(s) N/A

	Number of Cases	Number of Procedures*
GI Endoscopy	66	77
Non-GI Endoscopy	0	0
Totals	66	77

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

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

PMC.2013.00015724

PET-EX039A.0011

RECORD 005383

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

(**Campus** – *If multiple sites:* East Lincoln Surgery Center)

d) **Surgical Cases by Specialty Area Table**
Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		48
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		107
Oral Surgery		
Orthopedics		2
Otolaryngology		102
Plastic Surgery		
Urology		1
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases		260

e) **Non-Surgical Cases by Category Table**
Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		66
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		66

PMC.2013.00015725

PET-EX039A.0012

RECORD 005384

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8	255	N/A	27.83

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

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

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites***: Cumulative Totals)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	1
Shared - Inpatient / Ambulatory Surgery	3
Total of Surgical Operating Rooms	5

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) N/A

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: N/A

CON Project ID Number(s) N/A

	Number of Cases	Number of Procedures*
GI Endoscopy	1,042	1,214
Non-GI Endoscopy	154	179
Totals	1,196	1,393

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

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

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

(**Campus** – *If multiple sites:* Cumulative Totals)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	163	554
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	114	269
Ophthalmology		156
Oral Surgery		
Orthopedics	118	181
Otolaryngology		145
Plastic Surgery		1
Urology	20	99
Vascular		
Other Surgeries (specify) Podiatry		30
Other Surgeries (specify) Dentistry		113
Number of C-Section's Performed in Dedicated C-Section ORs	184	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases	599	1,548

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		66
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		66

PMC.2013.00015728

PET-EX039A.0015

RECORD 005387

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
7.67	255	87.65	51

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

PMC.2013.00015729

PET-EX039A.0016

RECORD 005388

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners	1	16	49	65	122	349	469	534
Procedures performed on mobile MRI scanners **only at this site**		130	280	410	284	831	1,115	1,525
Name(s) of Mobile MRI Provider(s): Carolinas Imaging Services								2,059
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	1
70543	MRI Orbit/Face/Neck w/o & with	5
70544	MRA Head w/o	133
70545	MRA Head with contrast	
70546	MRA Head w/o & with	5
70547	MRA Neck w/o	17
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	9
70551	MRI Brain w/o	290
70552	MRI Brain with contrast	3
	Subtotal for this page	465

PMC.2013.00015730

PET-EX039A.0017

RECORD 005389

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	317
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	201
72142	MRI Cervical Spine with contrast	2
72156	MRI Cervical Spine w/o & with	13
72146	MRI Thoracic Spine w/o	46
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	12
72148	MRI Lumbar Spine w/o	380
72149	MRI Lumbar Spine with contrast	3
72158	MRI Lumbar Spine w/o & with	66
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	15
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	9
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	10
73219	MRI Upper Ext. other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	5
73221	MRI Upper Ext, any joint w/o	112
73222	MRI Upper Ext, any joint with contrast	11
73223	MRI Upper Ext, any joint w/o & with	3
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	38
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	15
73721	MRI Lower Ext any joint w/o	245
73722	MRI Lower Ext any joint with contrast	7
73723	MRI Lower Ext any joint w/o & with	10
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	16
74182	MRI Abdomen with contrast	
	Subtotal for this page	1,539

PMC.2013.00015731

PET-EX039A.0018

RECORD 005390

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	42
74185	MRA Abdomen w/o OR with contrast	8
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	5
	Subtotal for this page	55
	Total Number of Procedures for all pages	2,059

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 3

Does the hospital contract for mobile CT scanner services? ____ Yes X No

If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	3,213	X	1.00	=	3213
2	Head with contrast	29	X	1.25	=	36.25
3	Head without and with contrast	57	X	1.75	=	99.75
4	Body without contrast	5,970	X	1.50	=	8955
5	Body with contrast	3,825	X	1.75	=	6,693.75
6	Body without contrast and with contrast	210	X	2.75	=	577.5
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	

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PET-EX039A.0019

RECORD 005391

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment 2-CMC-6; HHCL; HLD	4	2,450	5,173	7,623
Mammography equipment	2	5	4,478	4,483
Bone Density Equipment	2	0	792	792
Fixed X-ray Equipment (excluding fluoroscopic)	2	4,001	21,210	25,211
Fixed Fluoroscopic X-ray Equipment	1	134	270	404
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT				
Mobile SPECT Vendor:				
Gamma Camera	1	613	807	1,420
Mobile Gamma Camera Vendor:				

* **PET procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed		1	12	13
Mobile	1			

Lithotripsy Vendor/Owner: Stone Institute

PMC.2013.00015733

PET-EX039A.0020

RECORD 005392

N/A

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
	Total Procedures – Gamma Knife®	

PMC.2013.00015734

PET-EX039A.0021

RECORD 005393

11. Linear Accelerator Treatment Data *continued*

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.**
b. Total number of Linear Accelerator(s)
c. Number of Linear Accelerators configured for stereotactic radiosurgery
d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))
e. Number of CyberKnife® Systems: _____, Gamma Knife® _____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? _____

b. Does your facility read telemedicine images? _____

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

b) **Hospice Inpatient Unit Data:**

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00015735

PET-EX039A.0022

RECORD 005394

13. Additional Services: ***continued***

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

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

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

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

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

PMC.2013.00015736

PET-EX039A.0023

RECORD 005395

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

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

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

PMC.2013.00015737

PET-EX039A.0024

RECORD 005396

Patient Origin -General Acute Care Inpatient Services

Facility County: Lincoln

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	267	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	2,450	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	39	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	13	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	2
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston	458	72. Perquimans		**Total No. of Patients**	3,180

PMC.2013.00015738

PET-EX039A.0025

RECORD 005397

Patient Origin – Inpatient Surgical Cases

Facility County: Lincoln

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	52	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	444	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	12	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	87	72. Perquimans		**Total No. of Patients**	549

PMC.2013.00015739

PET-EX039A.0026

RECORD 005398

Patient Origin – Ambulatory Surgical Cases

Facility County: Lincoln

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	2	41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	2	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	11	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	143	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1,129	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	29	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	58	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	131	72. Perquimans		**Total No. of Patients**	1,548

PMC.2013.00015740

PET-EX039A.0027

RECORD 005399

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Lincoln

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	4	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	66	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	943	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	13	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	7	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	108	72. Perquimans		**Total No. of Patients**	1,196

PMC.2013.00015741

PET-EX039A.0028

RECORD 005400

All responses should pertain to **October 1, 2009 through September 30, 2010.** N/A

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Lincoln

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015742

PET-EX039A.0029

RECORD 005401

All responses should pertain to **October 1, 2009 through September 30, 2010.** N/A

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Lincoln

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

Patient Origin - MRI Services

Facility County: Lincoln

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	6	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	3	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	135	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1,286	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	37	59. McDowell		95. Watauga	1
24. Columbus	1	60. Mecklenburg	4	96. Wayne	
25. Craven	1	61. Mitchell	1	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin		71. Pender		106. Other	
36. Gaston	217	72. Perquimans		**Total No. of Patients**	1,649

Are mobile MRI services currently provided at your hospital? yes _____ no _____

All responses should pertain to **October 1, 2009 through September 30, 2010.**

N/A

Patient Origin – Linear Accelerator Treatment

Facility County: Lincoln

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

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

All responses should pertain to **October 1, 2009 through September 30, 2010.** N/A

Patient Origin – PET Scanner

Facility County: Lincoln

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

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

PMC.2013.00015746

PET-EX039A.0033

RECORD 005405

2011 Renewal Application for Hospital:
Carolinas Medical Center- Lincoln

License No: **H0225**
Facility ID: **943311**

All responses should pertain to **October 1, 2009 through September 30, 2010.**

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Pete Acker **Date:** 11-29-10

PRINT NAME OF APPROVING OFFICIAL PETE ACKER

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

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

For Official Use Only
License # H0225 Medicare # **340145**
Computer: 070062
PC _____ Date _____

License Fee: **$2,217.50**

2012
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **The Charlotte Mecklenburg Hospital Authority**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center- Lincoln**
Other: _____
Other: _____

Facility Mailing Address: P O Box 677
Lincolnton, NC ~~28092~~ 28093-0677

Facility Site Address: 433 McAlister Rd
Lincolnton, NC 28092
County: Lincoln
Telephone: (980)212-~~2000~~ 1000
Fax: (980)212-1001

Administrator/Director: Peter Acker
Title: President/Ceo
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Peter W. Acker **Title:** President + CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Leeanne H. Peacock **Telephone:** 980-212-1000

E-Mail: Leeanne.Peacock@carolinashealthcare.org

Primary National Provider Identifier (NPI) registered at NPPES _____

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

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

"The N.C Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



All responses should pertain to **October 1, 2010 through September 30, 2011**.

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Carolinas Medical Center-Lincoln	433 McAlister Rd. Lincolnton, NC 28092	Hospital
East Lincoln Surgery Center	1585 Forney Creek Pkwy Denver, NC 28037	Ambulatory Surgery Center

Please attach a separate sheet for additional listings

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

1. What is the name of the legal entity with ownership responsibility and liability?
   Owner: The Charlotte Mecklenburg Hospital Authority
   Federal Employer ID# 56-0529945
   Street/Box: P.O. Box 677
   City: Lincolnton, State: NC Zip: 28093-0677
   Telephone: (980) 212-1000 Fax: (980) 212-1001
   CEO: Peter W. Acker, President & CEO

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

   If 'Yes', name of Health System*: Carolinas HealthCare System

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

   If 'Yes', name of CEO: Peter W. Acker (CMC-Lincoln) Michael Tarwater (CHS)

   a. Legal entity is: ~~X~~ For Profit X Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC X Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

   If "**YES**", name of building owner: _____

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

   If 'Yes', name and address of the management company.
   Name: N/A
   Street/Box: _____
   City: _____ State: _____ Zip: _____
   Telephone: (___) _____

PMC.2013.00015951

PET-EX039B.0002

RECORD 005408

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Elaine S. Haynes, RN, BSN, MSN, NEA-BC
4. Director of Planning: Peter W. Acker, President + CEO

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	3,573	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	3,617	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	43.98	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?	_____	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	_____	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	1,835	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ~~X~~ No Expiration Date: 07-31-12
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes _____ No

PMC.2013.00015952

PET-EX039B.0003

RECORD 005409

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus *(see G.S. 131E-176(2c))*]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* _____	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	10	10	2,391
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	77	66	***12,730
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	14	14	931
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	**101**	90	16,052
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**101**	90	16,052

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	N/A
Number of Skilled Nursing days in Swing Beds	N/A
Number of unlicensed observation beds	

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	775	15,677	4,032	75	112
Medicare & Medicare Managed Care	9,783	7,384	18,053	248	496
Medicaid	3,274	11,875	1,976	233	350
Commercial Insurance	232	360	594	9	13
Managed Care	1,903	7,350	13,829	175	659
Other (Specify)	85	413	3,155	6	30
TOTAL	16,052	43,059	47,639	746	1,660

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	190
b. Live births (Cesarean Section)	165
c. Stillbirths	2

d. Delivery Rooms - Delivery Only (not Cesarean Section)	N/A
e. Delivery Rooms - Labor and Delivery, Recovery	N/A
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 4)	10
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16

2. Abortion Services

Number of procedures per Year N/A

PMC.2013.00015954

PET-EX039B.0005

RECORD 005411

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 24

a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms _____

b. Total Number of ED visits for reporting period: 43,059

c. Total Number of admits from the ED for reporting period: 2,807

d. Total Number of Urgent Care visits for reporting period: N/A

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

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

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

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory ___ Yes X No
c. HIV Laboratory Testing ___ Yes X No
Number during reporting period
HIV Serology _____
HIV Culture _____
d. Organ Bank ___ Yes X No
e. Pap Smear Screening ___ Yes X No

6. **Transplantation Services** - Number of transplants

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

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

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment			
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger			
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older			
4. Number of Procedures* Performed in Mobile Units			

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

Name of Mobile Vendor: _____

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	

PMC.2013.00015956

PET-EX039B.0007

RECORD 005413

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus – *If multiple sites*:** CMC - Lincoln)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	3
Total of Surgical Operating Rooms	4

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) N/A

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: N/A

CON Project ID Number(s) N/A

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	153	1,073	191	1,329
Non-GI Endoscopy	65	21	81	26
Totals	218	1,094	272	1,355

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

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

PMC.2013.00015957

PET-EX039B.0008

RECORD 005414

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(Campus – *If multiple sites*: East Lincoln Surgery Center)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	1
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	1

Number of additional CON approved surgical operating rooms pending development: NA

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: NA

Number of additional CON approved GI Endoscopy Rooms pending development: NA

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

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

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

PMC.2013.00015958

PET-EX039B.0009

RECORD 005415

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – *If multiple sites:* Cumulative Totals)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	1
Shared - Inpatient / Ambulatory Surgery	3
Total of Surgical Operating Rooms	5

Number of additional CON approved surgical operating rooms pending development: NA

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: NA

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	153	1073	191	1329
Non-GI Endoscopy	65	21	81	26
Totals	218	1094	272	1,355

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

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

PMC.2013.00015959

PET-EX039B.0010

RECORD 005416

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

(**Campus** – ***If multiple sites:*** CMC-Lincoln)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	224	579
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	95	147
Ophthalmology		45
Oral Surgery		161
Orthopedics	226	218
Otolaryngology		21
Plastic Surgery	2	11
Urology	34	189
Vascular		
Other Surgeries (specify)		75
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	165	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases	746	1,446

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

PMC.2013.00015960

PET-EX039B.0011

RECORD 005417

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

(**Campus** – ***If multiple sites:*** East Lincoln Surgery Center)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		12
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		148
Oral Surgery		
Orthopedics		1
Otolaryngology		50
Plastic Surgery		3
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases		214

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		65
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		65

PMC.2013.00015961

PET-EX039B.0012

RECORD 005418

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

(**Campus** – ***If multiple sites:*** Cumulative Totals)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	224	591
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	95	147
Ophthalmology		193
Oral Surgery		161
Orthopedics	226	219
Otolaryngology		71
Plastic Surgery	2	14
Urology	34	189
Vascular		
Other Surgeries (specify) Podiatry		75
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	165	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases	746	1660

e) Non-Surgical Cases by Category Table

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		165
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		165

PMC.2013.00015962

PET-EX039B.0013

RECORD 005419

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
7.33	255	101.69	82.05

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

PMC.2013.00015963

PET-EX039B.0014

RECORD 005420

EAST Lincoln Surgery Center
ELSC

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8	255	NA	33.13

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

PMC.2013.00015964

PET-EX039B.0015

RECORD 005421

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	1							
Total Fixed MRI Scanners/Procedures	2,514	124	298	422	613	1,479	2,092	2,514
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	2
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	11
70544	MRA Head w/o	174
70545	MRA Head with contrast	2
70546	MRA Head w/o & with	1
70547	MRA Neck w/o	19
70548	MRA Neck with contrast	4
70549	MRA Neck w/o & with	22
70551	MRI Brain w/o	419
70552	MRI Brain with contrast	
	Subtotal for this page	654

PMC.2013.00015965

PET-EX039B.0016

RECORD 005422

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	398
7055A	IAC Screening	
71550	MRI Chest w/o	1
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	2
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	3
72141	MRI Cervical Spine w/o	238
72142	MRI Cervical Spine with contrast	
72156	MRI Cervical Spine w/o & with	32
72146	MRI Thoracic Spine w/o	57
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	24
72148	MRI Lumbar Spine w/o	422
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	92
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	5
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	21
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	14
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	3
73221	MRI Upper Ext, any joint w/o	137
73222	MRI Upper Ext, any joint with contrast	6
73223	MRI Upper Ext, any joint w/o & with	9
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	35
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	23
73721	MRI Lower Ext any joint w/o	228
73722	MRI Lower Ext any joint with contrast	8
73723	MRI Lower Ext any joint w/o & with	13
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	25
74182	MRI Abdomen with contrast	
	Subtotal for this page	1,796

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PET-EX039B.0017

RECORD 005423

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	54
74185	MRA Abdomen w/o OR with contrast	10
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for this page	64
	Total Number of Procedures for all pages	2,514

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 3

Does the hospital contract for mobile CT scanner services? ___ Yes _X_ No

If yes, identify the mobile CT vendor N/A

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	3,775	X	1.00	=	3,773
2	Head with contrast	87	X	1.25	=	108.75
3	Head without and with contrast	39	X	1.75	=	68.25
4	Body without contrast	3,875	X	1.50	=	5,812.5
5	Body with contrast	4,731	X	1.75	=	8,279.25
6	Body without contrast and with contrast	186	X	2.75	=	511.5
7	Biopsy in addition to body scan with or without contrast	9	X	2.75	=	24.75
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

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PET-EX039B.0018

RECORD 005424

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	5	2,810	7,453	9,463
Mammography equipment	2	2	6,913	6,915
Bone Density Equipment	2	0	816	816
Fixed X-ray Equipment (excluding fluoroscopic)	3	6,153	21,950	28,103
Fixed Fluoroscopic X-ray Equipment	1	165	309	474
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT				
Mobile SPECT Vendor:				
Gamma Camera	2	234	1,552	1,756
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	35	35

Lithotripsy Vendor/Owner: Stone Institute

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PET-EX039B.0019

RECORD 005425

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	

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PET-EX039B.0020

RECORD 005426

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # Patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**
b. Total number of Linear Accelerator(s) _____
c. Number of Linear Accelerators configured for stereotactic radiosurgery _____
d. Number of simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))
e. Number of CyberKnife® Systems: _____, Gamma Knife® _____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? _____

b. Does your facility read telemedicine images? _____

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

b) **Hospice Inpatient Unit Data:**
Hospital-based hospice units with licensed hospice beds: List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

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PET-EX039B.0021

RECORD 005427

13. Additional Services: ***continued***

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

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

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

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

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

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PET-EX039B.0022

RECORD 005428

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

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

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

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PET-EX039B.0023

RECORD 005429

Patient Origin - General Acute Care Inpatient Services

Facility County: Lincoln

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	3
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	11	48. Hyde		84. Stanly	
13. Cabarrus	5	49. Iredell	3	85. Stokes	
14. Caldwell	21	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	238	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	2,604	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	52	59. McDowell	21	95. Watauga	2
24. Columbus		60. Mecklenburg	77	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	14
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	7
35. Franklin		71. Pender		106. Other	
36. Gaston	491	72. Perquimans		**Total No. of Patients**	3,573

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PET-EX039B.0024

RECORD 005430

Patient Origin – Inpatient Surgical Cases

Facility County: Lincoln

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	2	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	56	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	527	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	17	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	13	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	5
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	118	72. Perquimans		**Total No. of Patients**	746

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PET-EX039B.0025

RECORD 005431

Patient Origin – Ambulatory Surgical Cases

Facility County: Lincoln

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	7	48. Hyde		84. Stanly	1
13. Cabarrus	5	49. Iredell	26	85. Stokes	
14. Caldwell	3	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	146	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1,117	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	39	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	97	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie	2	66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	6
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	3	70. Pasquotank		105. Other States	
35. Franklin	1	71. Pender		106. Other	
36. Gaston	263	72. Perquimans		**Total No. of Patients**	1,6612

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PET-EX039B.0026

RECORD 005432

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Lincoln

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	2	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	13	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	112	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	937	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	14	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	30	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	9
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	8
35. Franklin		71. Pender		106. Other	
36. Gaston	133	72. Perquimans		**Total No. of Patients**	1,312

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PET-EX039B.0027

RECORD 005433

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Lincoln

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

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PET-EX039B.0028

RECORD 005434

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Lincoln

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

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PET-EX039B.0029

RECORD 005435

Patient Origin - MRI Services

Facility County: Lincoln

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	3
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	8	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	3	85. Stokes	
14. Caldwell	2	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	202	54. Lenoir		90. Union	2
19. Chatham		55. Lincoln	1,495	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	43	59. McDowell	1	95. Watauga	1
24. Columbus		60. Mecklenburg	41	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	7
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	1	70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston	259	72. Perquimans		**Total No. of Patients**	2,079

Are mobile MRI services currently provided at your hospital? yes _____ no X

Patient Origin – Linear Accelerator Treatment

Facility County: Lincoln

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

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

PMC.2013.00015980

PET-EX039B.0031

RECORD 005437

Patient Origin – PET Scanner

Facility County: Lincoln

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

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

PMC.2013.00015981

PET-EX039B.0032

RECORD 005438

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2012 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Peter Acker **Date:** 11-30-11

PRINT NAME OF APPROVING OFFICIAL Peter W. Acker

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

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

For Official Use Only
License # H0031 Medicare # 340001
Computer: 943049
PC _____ Date _____

License Fee: **$8,747.50**

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **CMC-NorthEast, Inc**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center-NorthEast**
Other: _____
Other: _____

Facility Mailing Address: 920 Church St N
Concord, NC 28025

Facility Site Address: 920 Church St N
Concord, NC 28025
County: Cabarrus
Telephone: (704)783-3000
Fax: (704)783-1409

Administrator/Director: ~~Mark S Nantz~~ Phyllis Wingate-Jones
Title: President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

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

Name of the person to contact for any questions regarding this form:

Name: Elizabeth Kirkman **Telephone:** 704-446-8475

E-Mail: Elizabeth.kirkman@carolinashealthcare.org

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



2011 Renewal Application for Hospital:
Carolinas Medical Center-NorthEast

License No: **H0031**
Facility ID: **943049**

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Hospice & Palliative Care of Cabarrus County	5003 Boyd Pond Road, Kannapolis	501-3 owned by CMCNE
Northeast Outpatient Imaging - Copperfield	1025 Gateway Ct, Concord	Department of CMCNE
CMCNE Physician Network		

Please attach a separate sheet for additional listings

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

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

   Owner: The Charlotte Mecklenburg Hospital Authority
   Federal Employer ID# 20-8776473
   Street/Box: 920 Church St N
   City: Concord State: NC Zip: 28025
   Telephone: (704)403-3000 Fax: ( )
   CEO: ~~Mark S. Nantz, President~~ Michael C. Tarwater

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

   If 'Yes', name of Health System*: Carolinas HealthCare System
   * ***(please attach a list of NC facilities that are part of your Health System)***
   If 'Yes', name of CEO: Michael C. Tarwater

   a. Legal entity is: ___ For Profit X Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC X Government Unit (Hospital Authority)

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

   If "**YES**", name of building owner:

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

   If 'Yes', name and address of the management company.
   Name:
   Street/Box:
   City: State: Zip:
   Telephone: ( )

Carolinas HealthCare System
Owned, Managed, or Leased Health Care Facilites
As of September 30, 2010

Facility	Location	Relationship to CHS
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Behavioral Health Center - CMC Randolph	Charlotte	Leased
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Charlotte	Owned
Carolinas Medical Center - Union	Monroe	Leased
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation - Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Leased
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Leased
Grace Hospital	Morganton	Managed
Harris Regional Hospital	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Leased
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Medical Center Plaza Imaging	Charlotte	Owned
Medical Center Plaza Imaging (CIS)	Charlotte	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union West Imaging	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55.5%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Leased
College Pines Nursing Center	Valdese	Owned
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice of Cabarrus County	Concord	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Leased
Lillie Bennett Nursing Center	Wadesboro	Leased
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Kathleen Green, VP, Chief Nursing officer
4. Director of Planning: F. Del Murphy, Jr.

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	22,127	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	22,208	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	175	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	6,428	

C. Designation and Accreditation

1. Are you a designated trauma center? X Yes (III Designated Level #) ___ No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 6/23/2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

PMC.2013.00015816

PET-EX040A.0004

RECORD 005443

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
[Please provide a Beds by Service (p. 4) for each hospital campus *(see G.S. 131E-176(2c))*]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Carolinas Medical Center NorthEast	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac	10	10	2,1068
c. Cardiovascular Surgery	4	4	346
d. Medical/Surgical	35	35	10,515
e. Neonatal Beds Level IV ** (Not Normal Newborn)	3	3	** 980
f. Pediatric	5	5	448
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	258	206	***56,026
k. Neonatal Level III ** (Not Normal Newborn)	12	12	** 3,874
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	35	32	6,578
n. Oncology	14	14	3,867
o. Orthopedics			
p. Pediatric	28	28	2536
q. Other (List) CVI/MC/PCCU	15/28	15/28	12,637
1. Total General Acute Care Beds/Days (a through q)	447	392	100,475
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	10	10	2,621
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	457	402	103,096

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015817

PET-EX040A.0005

RECORD 005444

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	Ø
Number of Skilled Nursing days in Swing Beds	Ø
Number of unlicensed observation beds	Ø

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	4,925	24,425	26,802	332	525
Medicare & Medicare Managed Care	56,245	14,6014	163,367	2,809	1,559
Medicaid	16,518	22,333	37,420	574	924
Commercial Insurance	1,105	1,813	5,382	94	184
Managed Care	20,16l6l6	20,801	140,811	1,884	3,328
Other (Specify)	1,016	2,214	10,757	134	201
TOTAL	100,475	85,750	384,539	5,827	6,721

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1,764
b. Live births (Cesarean Section)	905
c. Stillbirths	31

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	13
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	Ø
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	30

2. Abortion Services Number of procedures per Year Ø

PMC.2013.00015818

PET-EX040A.0006

RECORD 005445

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 44

a.1. #Trauma Rooms Ø a.2. #Fast Track Rooms 10

b. Total Number of ED visits for reporting period: 85,570

c. Total Number of admits from the ED for reporting period: 17,093

d. Total Number of Urgent Care visits for reporting period: N/A

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

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

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

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 2,060
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

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

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

PMC.2013.00015819

PET-EX040A.0007

RECORD 005446

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization-ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment		2	1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	890	770	284
4. Number of Procedures* Performed in Mobile Units	Ø	Ø	Ø

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

Name of Mobile Vendor: N/A

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	2
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	211
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	10
4. Total Open Heart Surgery Procedures (2. + 3.)	221
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	Ø

PMC.2013.00015820

PET-EX040A.0008

RECORD 005447

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

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites***: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	2
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	17
Total of Surgical Operating Rooms	21

Number of additional CON approved surgical operating rooms pending development: _____

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 5(4Pain, 1in ORSuite)

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

Number of additional CON approved GI Endoscopy Rooms pending development: 2

CON Project ID Number(s) F-7729-06

	Number of Cases	Number of Procedures*
GI Endoscopy	4,429	7,090
Non-GI Endoscopy	389	552
Totals	4,818	7,642

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

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

PMC.2013.00015821

PET-EX040A.0009

RECORD 005448

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

(Campus – *If multiple sites*: _____ **)**

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)	221	
General Surgery	1,610	1,439
Neurosurgery	306	199
Obstetrics and GYN (excluding C-Sections)	256	1,181
Ophthalmology	4	194
Oral Surgery	Ø	3
Orthopedics	1,274	1,469
Otolaryngology	34	244
Plastic Surgery	47	193
Urology	356	955
Vascular	403	142
Other Surgeries (specify) See attached list	431	702
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	885	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	5,827	6,721

e) Non-Surgical Cases by Category Table

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	70	4,451
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	70	4,451

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Other Surgeries:	Inpatient	Ambulatory
Podiatry	6	96
Thoracic	205	48
Radiation Oncology	0	2
Pain	28	57
Organ	0	3
GYN Oncology	39	20
Peds	153	476
Total Other Surgeries:	431	702

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.5	251	109	62

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

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PET-EX040A.0012

RECORD 005451

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	3							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	1	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners	4	3,650	2,173	5,823	7,069	8,076	15,145	20,968
Procedures performed on mobile MRI scanners **only at this site**	Ø	Ø	Ø	Ø	58	122	180	180
Name(s) of Mobile MRI Provider(s): Alliance Imaging								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	14
70540	MRI Orbit/Face/Neck w/o	36
70542	MRI Orbit/Face/Neck with contrast	3
70543	MRI Orbit/Face/Neck w/o & with	125
70544	MRA Head w/o	1,735
70545	MRA Head with contrast	30
70546	MRA Head w/o & with	41
70547	MRA Neck w/o	244
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	1,261
70551	MRI Brain w/o	1,629
70552	MRI Brain with contrast	60
	Subtotal for this page	5,179

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RECORD 005452

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	4,526
7055A	IAC Screening	
71550	MRI Chest w/o	11
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	22
71555	MRA Chest with OR without contrast	8
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	1,348
72142	MRI Cervical Spine with contrast	11
72156	MRI Cervical Spine w/o & with	588
72146	MRI Thoracic Spine w/o	472
72147	MRI Thoracic Spine with contrast	10
72157	MRI Thoracic Spine w/o & with	324
72148	MRI Lumbar Spine w/o	2,600
72149	MRI Lumbar Spine with contrast	14
72158	MRI Lumbar Spine w/o & with	1665
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	173
72196	MRI Pelvis with contrast	5
72197	MRI Pelvis w/o & with	119
72198	MRA Pelvis w/o OR with Contrast	16
73218	MRI Upper Ext, other than joint w/o	162
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	34
73221	MRI Upper Ext, any joint w/o	945
73222	MRI Upper Ext, any joint with contrast	211
73223	MRI Upper Ext, any joint w/o & with	14
73225	MRA Upper Ext, w/o OR with contrast	2
73718	MRI Lower Ext other than joint w/o	284
73719	MRI Lower Ext other than joint with contrast	5
73720	MRI Lower Ext other than joint w/o & with	162
73721	MRI Lower Ext any joint w/o	1,602
73722	MRI Lower Ext any joint with contrast	164
73723	MRI Lower Ext any joint w/o & with	52
73725	MRA Lower Ext w/o OR with contrast	99
74181	MRI Abdomen w/o	174
74182	MRI Abdomen with contrast	1
	Subtotal for this page	14,613

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PET-EX040A.0014

RECORD 005453

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	1669
74185	MRA Abdomen w/o OR with contrast	153
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	1
75561 ~~75554~~	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
~~76093~~	MRI Breast, unilateral w/o and/or with contrast	
C8904 & C8905 C8908 ~~76094~~	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	1
77021 ~~76393~~	MRI Guidance for needle placement	9
19295 ~~76394~~	MRI Guidance for ~~tissue ablation~~ PLC Loc Clip-Breast	9
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A C8937	Clinical Research Scans MRI computer-aided detection	239+7*
19103 *Perc vacuum Breast Bx w/ imaging	**Subtotal for this page**	1,3316
	Total Number of Procedures for all pages	21,148

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 5

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor N/A

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	13,754	X	1.00	=	13,754
2	Head with contrast	713	X	1.25	=	891.25
3	Head without and with contrast	2,365	X	1.75	=	4,138.75
4	Body without contrast	16,587	X	1.50	=	24,880.50
5	Body with contrast	18,687	X	1.75	=	32,702.25
6	Body without contrast and with contrast	4,784	X	2.75	=	13,161.50
7	Biopsy in addition to body scan with or without contrast	363	X	2.75	=	998.25
8	Abscess drainage in addition to body scan with or without contrast	796	X	4.00	=	3,184

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RECORD 005454

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	9	1,097	1,106
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	10	6,834	21,745	28,579
Mammography equipment	5	21	54,220	54,241
Bone Density Equipment	2	—	6,191	6,191
Fixed X-ray Equipment (excluding fluoroscopic)	12	33,828	66,700	100,528
Fixed Fluoroscopic X-ray Equipment	5	2,966	4,378	7,344
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	2	3,924	5,578	9,502
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT	4	1,327	3,247	4,574
Mobile SPECT Vendor:				
Gamma Camera				
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	—	169	169

Lithotripsy Vendor/Owner: Stone Institute of the Carolinas

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PET-EX040A.0016

RECORD 005455

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	72
77404	Radiation treatment delivery (11-19 MeV)	606
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	2
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	2,757
77414	Radiation treatment delivery (11-19 MeV)	4,728
77416	Radiation treatment delivery (>= 20 MeV)	29
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	2,6726
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	70
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	135
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	1,829
	Total Procedures – Linear Accelerators	12,314
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
	Total Procedures – Gamma Knife®	Ø

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PET-EX040A.0017

RECORD 005456

11. Linear Accelerator Treatment Data *continued*

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients 596 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.**

b. Total number of Linear Accelerator(s) 3

c. Number of Linear Accelerators configured for stereotactic radiosurgery 1

d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)) 2*

e. Number of CyberKnife® Systems: 1, Gamma Knife®

Other specialized Linear Accelerators 2

Identify Manufacturer of Equipment Varian and Accuray

*The cyberknife is our second simulator and only used for SRS patients.

12. Telemedicine

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

b. Does your facility read telemedicine images? NO

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	X
3. Clinical Psychology Services	X	7. Genetic Counseling Service	X
4. Dental Services	X	8. **Number** of Acute Dialysis Stations	C

b) **Hospice Inpatient Unit Data:**

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00015830

PET-EX040A.0018

RECORD 005457

13. Additional Services: *continued*

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:
   Northeast Psychiatric & Psychological Institute
2. If address is different than the hospital, please indicate:
   360 Copperfield Blvd, Concord, NC 28025
3. Director of the above services.

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

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

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	360 Copperfield					
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	360 Copperfield					
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

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

*geriatric patients

PMC.2013.00015831

PET-EX040A.0019

RECORD 005458

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders	360 Copperfield					
.3600 Outpatient narcotic addiction treatment	380 Copperfield					
.3700 Day treatment facilities for individuals with substance abuse disorders						

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

PMC.2013.00015832

PET-EX040A.0020

RECORD 005459

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin -General Acute Care Inpatient Services

Facility County: Cabarrus

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	4	37. Gates		73. Person	1
2. Alexander	4	38. Graham		74. Pitt	1
3. Alleghany	1	39. Granville		75. Polk	
4. Anson	25	40. Greene		76. Randolph	10
5. Ashe	3	41. Guilford	21	77. Richmond	12
6. Avery		42. Halifax		78. Robeson	6
7. Beaufort		43. Harnett		79. Rockingham	5
8. Bertie		44. Haywood	1	80. Rowan	3,495
9. Bladen		45. Henderson	2	81. Rutherford	1
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe	4	47. Hoke		83. Scotland	3
12. Burke	5	48. Hyde		84. Stanly	1,853
13. Cabarrus	14,799	49. Iredell	253	85. Stokes	3
14. Caldwell	4	50. Jackson		86. Surry	10
15. Camden	1	51. Johnston	1	87. Swain	2
16. Carteret	2	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	18	54. Lenoir	1	90. Union	90
19. Chatham	2	55. Lincoln	31	91. Vance	
20. Cherokee		56. Macon		92. Wake	14
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin	1	94. Washington	
23. Cleveland	13	59. McDowell	2	95. Watauga	5
24. Columbus	2	60. Mecklenburg	923	96. Wayne	1
25. Craven	1	61. Mitchell		97. Wilkes	5
26. Cumberland	1	62. Montgomery	105	98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	3
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	52	65. New Hanover	2		
30. Davie	9	66. Northampton		101. Georgia	8
31. Duplin		67. Onslow		102. South Carolina	51
32. Durham	9	68. Orange		103. Tennessee	7
33. Edgecombe		69. Pamlico		104. Virginia	22
34. Forsyth	21	70. Pasquotank		105. Other States	106
35. Franklin		71. Pender	1	106. Other	1
36. Gaston	81	72. Perquimans		**Total No. of Patients**	22,127

PMC.2013.00015833

PET-EX040A.0021

RECORD 005460

Patient Origin – Inpatient Surgical Cases

Facility County: Cabarrus

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	10	40. Greene		76. Randolph	5
5. Ashe	1	41. Guilford	12	77. Richmond	4
6. Avery		42. Halifax		78. Robeson	3
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	984
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	705
13. Cabarrus	3,561	49. Iredell	60	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	41
19. Chatham	1	55. Lincoln	14	91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	6	59. McDowell	3	95. Watauga	
24. Columbus		60. Mecklenburg	234	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	3
26. Cumberland		62. Montgomery	51	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson	14	65. New Hanover			
30. Davie	3	66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	17
32. Durham	1	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	4	70. Pasquotank		105. Other States	27
35. Franklin		71. Pender	1	106. Other	
36. Gaston	27	72. Perquimans		**Total No. of Patients**	5827

PMC.2013.00015834

PET-EX040A.0022

RECORD 005461

Patient Origin – Ambulatory Surgical Cases

Facility County: Cabarrus

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	16	40. Greene		76. Randolph	3
5. Ashe	3	41. Guilford	4	77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1,120
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	709
13. Cabarrus	4,061	49. Iredell	103	85. Stokes	
14. Caldwell	3	50. Jackson	1	86. Surry	2
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell	1	53. Lee	1	89. Tyrrell	
18. Catawba	11	54. Lenoir		90. Union	50
19. Chatham		55. Lincoln	17	91. Vance	
20. Cherokee		56. Macon		92. Wake	5
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	2	59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	453	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	4
26. Cumberland	2	62. Montgomery	35	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	23	65. New Hanover			
30. Davie	3	66. Northampton		101. Georgia	6
31. Duplin		67. Onslow		102. South Carolina	14
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	7
34. Forsyth	4	70. Pasquotank		105. Other States	18
35. Franklin	1	71. Pender		106. Other	
36. Gaston	27	72. Perquimans		**Total No. of Patients**	6,721

PMC.2013.00015835

PET-EX040A.0023

RECORD 005462

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Cabarrus

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	7	40. Greene		76. Randolph	3
5. Ashe		41. Guilford	8	77. Richmond	4
6. Avery		42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	744
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke	2	48. Hyde		84. Stanly	514
13. Cabarrus	2758	49. Iredell	46	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	2
15. Camden		51. Johnston		87. Swain	1
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	29
19. Chatham	1	55. Lincoln	8	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	4	59. McDowell	2	95. Watauga	2
24. Columbus		60. Mecklenburg	1608	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	2
26. Cumberland		62. Montgomery	31	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	12	65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	12
32. Durham	2	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	3	70. Pasquotank		105. Other States	22
35. Franklin		71. Pender	1	106. Other	
36. Gaston	19	72. Perquimans		**Total No. of Patients**	4,429

PMC.2013.00015836

PET-EX040A.0024

RECORD 005463

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Cabarrus

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson		7	7						
Ashe		14	14						
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe		10	10						
Burke									
Cabarrus		1,288	1,288						
Caldwell									
Camden									
Carteret									
Caswell									
Catawba		8	8						
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland		7	7						
Columbus									
Craven		11	11						
Cumberland									
Currituck									
Dare									
Davidson		25	25						
Davie		17	17						
Duplin									
Durham									
Edgecombe									
Forsyth		11	11						
Franklin									
Gaston		49	49						
Gates									
Graham									
Granville									
Greene									
Guilford		33	33						
Halifax									
Harnett									
Haywood		7	7						
Henderson									
Hertford									
Hoke									
Hyde									
Iredell		95	95						
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015837

PET-EX040A.0025

RECORD 005464

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Cabarrus

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln		32	32						
Macon									
Madison									
Martin									
McDowell									
Mecklenburg		375	375						
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham		31	31						
Rowan		274	274						
Rutherford		13	13						
Sampson									
Scotland									
Stanly		159	159						
Stokes		42	42						
Surry		7	7						
Swain									
Transylvania									
Tyrrell									
Union		53	53						
Vance									
Wake		28	28						
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State		25	25						
TOTALS			2,482						

** Note: See counties: Alamance through Johnston on previous page.

PMC.2013.00015838

PET-EX040A.0026

RECORD 005465

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - MRI Services

Facility County: Cabarrus

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	9	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	23	40. Greene		76. Randolph	7
5. Ashe	5	41. Guilford	12	77. Richmond	7
6. Avery		42. Halifax	2	78. Robeson	7
7. Beaufort		43. Harnett		79. Rockingham	2
8. Bertie		44. Haywood		80. Rowan	3,511
9. Bladen	2	45. Henderson	7	81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	2
12. Burke	2	48. Hyde		84. Stanly	1,918
13. Cabarrus	13,659	49. Iredell	281	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	5
15. Camden	2	51. Johnston		87. Swain	2
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	163	54. Lenoir		90. Union	110
19. Chatham		55. Lincoln	51	91. Vance	
20. Cherokee		56. Macon		92. Wake	14
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland	14	59. McDowell		95. Watauga	5
24. Columbus		60. Mecklenburg	1,095	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	7
26. Cumberland	2	62. Montgomery	77	98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	5
28. Dare		64. Nash		100. Yancey	
29. Davidson	163	65. New Hanover			
30. Davie	12	66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	24
32. Durham	5	68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	6
34. Forsyth	7	70. Pasquotank		105. Other States	416
35. Franklin		71. Pender		106. Other	1
36. Gaston	82	72. Perquimans		**Total No. of Patients**	21,148

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00015839

PET-EX040A.0027

RECORD 005466

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin – Linear Accelerator Treatment

Facility County: Cabarrus

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	117
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	30
13. Cabarrus	405	49. Iredell	4	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	24	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	2
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston	1	72. Perquimans		**Total No. of Patients**	596

PMC.2013.00015840

PET-EX040A.0028

RECORD 005467

Patient Origin – PET Scanner

Facility County: Cabarrus

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	161
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	208
13. Cabarrus	614	49. Iredell	12	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	3	53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon	3	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	51	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery	33	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	5	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston	4	72. Perquimans		**Total No. of Patients**	1,102

PMC.2013.00015841

PET-EX040A.0029

RECORD 005468

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Phyllis Wingate-Jones **Date:** 12/02/2010

PRINT NAME OF APPROVING OFFICIAL PHYLLIS WINGATE-JONES

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

PMC.2013.00015842

PET-EX040A.0030

RECORD 005469

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

For Official Use Only
License # H0031 Medicare # **340001**
Computer: 943049
PC _____ Date _____

License Fee: **$8,747.50**

2012
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **CMC-NorthEast, Inc**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center-NorthEast**
Other: _____
Other: _____

Facility Mailing Address: 920 Church St N
Concord, NC 28025

Facility Site Address: 920 Church St N
Concord, NC 28025
County: Cabarrus
Telephone: (704)783-3000
Fax: (704)783-1409

Administrator/Director: ~~Michael C Tarwater~~ Phyllis A. Wingate
Title: ~~CEO~~ President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

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

Name of the person to contact for any questions regarding this form:

Name: Elizabeth Kirkman **Telephone:** 704-446-8475

E-Mail: elizabeth.kirkman@carolinashealthcare.org

Primary National Provider Identifier (NPI) registered at NPPES 1487866315

If facility has more than one "Primary" NPI, please provide Psychiatric Unit: 1629283864

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

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Petitioner's Trial Exhibit 040B

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Hospice & Palliative Care of Cabarrus County	5003 Boyscout Rd. Kannapolis	501-C3 owned by CMC-NorthEast
NorthEast Outpatient Imaging - Copperfield	1025 Gateway Court Concord	Department of CMC-NorthEast
CMC-NorthEast Physician Network		

Please attach a separate sheet for additional listings

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

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

Owner: The Charlotte Mecklenburg Hospital Authority
Federal Employer ID# 20-8774473
Street/Box: ~~920 Church St N~~ 1000 Blythe Blvd.
City: ~~Concord~~ State: NC Zip: ~~28025~~ Charlotte, NC 28203
Telephone: ~~(704)403-3000~~ Fax: (704) 355-5073 Phone 704-355-2000
CEO: Michael Tarwater, President

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

If 'Yes', name of Health System*: Carolinas HealthCare System
* (*please attach a list of NC facilities that are part of your Health System*)
If 'Yes', name of CEO: Michael C. Tarwater

a. Legal entity is: ___ For Profit X Not For Profit

b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
___ Proprietorship ___ LLC X Government Unit (Hospital Authority)

c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

If "YES", name of building owner:

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

If 'Yes', name and address of the management company.
Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (___) _____

PMC.2013.00016052

PET-EX040B.0002

RECORD 005471

Carolinas HealthCare System - North Carolina		
Owned, Managed, and Leased Facilities	**As of September 30, 2011**	
Facility	**Location**	**Relationship to CHS**
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Pineville	Owned
Carolinas Medical Center - Randolph	Charlotte	Owned
Carolinas Medical Center - Union/First Step Recovery Center	Monroe	Owned/Lease
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation-Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Owned/Lease
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Owned/Lease
Grace Hospital	Morganton	Managed
Harris Regional	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Owned/Lease
Levine Children's Hospital	Charlotte	Owned
Murphy Medical Center	Murphy	Managed
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Southpark Imaging Center (CIS)	Charlotte	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union Medical Services, LLC (Union West MRI)	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery (WaveCo, LLC)	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Cleveland Ambulatory Services, LLC		CCHS (60%)
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center, LLC	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Owned/Lease
College Pines Nursing Center	Valdese	Owned
Edwin Morgan Center (517 Peden St., Laurinburg, NC 28352)	Laurinburg	Managed
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice and Palliative Care of Cabarrus County	Kannapolis	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Owned/Lease
Lillie Bennett Nursing Center	Wadesboro	Owned
Murphy Medical Center Nursing Home	Murphy	Managed
North Mecklenburg Nursing Home, LLC(not open yet)		Owned (10%)
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

**Note: This data represents Carolinas HealthCare System's (CHS) North Carolina Hospitals, Imaging Centers, Ambulatory Surgery Centers, and Nursing Homes. CHS also operates numerous Physician Practices and Urgent Care Center locations.*

Ownership Disclosure *continued. . . .*

3. Vice President of Nursing and Patient Care Services: Kathleen Grew, VP, Chief Nursing Officer
4. Director of Planning: F. Del Murphy, Jr.

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	22,130	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	22,106	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	274	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?	—	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	—	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	6,698	

C. Designation and Accreditation

1. Are you a designated trauma center? X Yes (III Designated Level #) ___ No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 05/22/2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

PMC.2013.00016054

PET-EX040B.0004

RECORD 005473

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* CMC - NorthEast	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	10	10	2,705
c. Cardiovascular Surgery	4	4	278
d. Medical/Surgical	35	35	10,466
e. Neonatal Beds Level IV ** (Not Normal Newborn)	3	3	** 1,027
f. Pediatric	5	5	533
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	258	206	*** 53,916
k. Neonatal Level III ** (Not Normal Newborn)	12	12	** 4,936
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	35	32	6,974
n. Oncology	14	14	3,836
o. Orthopedics			
p. Pediatric	28	28	3,100
q. Other (List) (CV, MC, PCCU)	15/28	15/28	12,364
Total General Acute Care Beds/Days (a through q)	447	392	100,135
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	10	10	2,086
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	457	402	102,821

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00016055

PET-EX040B.0005

RECORD 005474

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	7,248	21,498	22,386	301	586
Medicare & Medicare Managed Care	53,449	20,886	185,850	2,334	1,587
Medicaid	15,214	20,029	42,059	1,019	896
Commercial Insurance	1,289	1,372	5,462	47	140
Managed Care	22,049	20,838	141,898	1,837	3,077
Other (Specify)	886	1,773	13,737	80	214
TOTAL	100,135	86,396	411,392	5,618	6,500

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1,785
b. Live births (Cesarean Section)	894
c. Stillbirths	23

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	13
f. Delivery Rooms – LDRP (include Item "**D.1.m**" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	30

2. Abortion Services Number of procedures per Year 0

PMC.2013.00016056

PET-EX040B.0006

RECORD 005475

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 44

a.1. #Trauma Rooms Ø a.2. #Fast Track Rooms 10

b. Total Number of ED visits for reporting period: 86,396

c. Total Number of admits from the ED for reporting period: 17,222

d. Total Number of Urgent Care visits for reporting period: N/A

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

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

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

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 6,400
HIV Culture 0
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

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

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

PMC.2013.00016057

PET-EX040B.0007

RECORD 005476

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	2		1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1,073	706	387
4. Number of Procedures* Performed in Mobile Units	0	0	0

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

Name of Mobile Vendor: N/A

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	2
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	214
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	31
4. Total Open Heart Surgery Procedures (2. + 3.)	245
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	0
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	0

PMC.2013.00016058

PET-EX040B.0008

RECORD 005477

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(Campus – *If multiple sites*: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	2
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	17
Total of Surgical Operating Rooms	21

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) _____

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

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

Total Number of Procedure Rooms: 5(4 in pain / 1 in OR suite)

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 4

Number of additional CON approved GI Endoscopy Rooms pending development: 2

CON Project ID Number(s) F-7729-04

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	1611	2780	2503	4137
Non-GI Endoscopy	133	299	152	355
Totals	1744	3079	2655	4492

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

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

PMC.2013.00016059

PET-EX040B.0009

RECORD 005478

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

(**Campus** – ***If multiple sites:*** _____)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 7.(b) 4.)	245	
General Surgery	1,504	1,493
Neurosurgery	367	141
Obstetrics and GYN (excluding C-Sections)	222	1,230
Ophthalmology	1	190
Oral Surgery	0	5
Orthopedics	1,158	1,190
Otolaryngology	31	163
Plastic Surgery	39	209
Urology	303	967
Vascular	342	159
Other Surgeries (specify) (see attached list)	506	753
Other Surgeries (specify)	0	0
Number of C-Section's Performed in Dedicated C-Section ORs	900	
Number of C-Section's Performed in Other ORs	0	
Total Surgical Cases	5,618	6,500

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	48	4,694
Cystoscopy	0	0
Non-GI Endoscopies *(not reported in 8. c)*	0	0
GI Endoscopies *(not reported in 8. c)*	0	0
YAG Laser	0	0
Other (specify)	0	0
Other (specify)	0	0
Other (specify)	0	0
Total Non-Surgical Cases	48	4,694

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PET-EX040B.0010

RECORD 005479

Other Surgeries	Inpatient	Ambulatory
GYN Oncology	77	57
Organ	1	4
Pain	27	57
Peds	202	530
Podiatry	3	71
Thoracic	196	34
Total	506	753

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
10	251	151	83

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

PMC.2013.00016062

PET-EX040B.0012

RECORD 005481

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	3							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	1							
Number of Policy AC-3 MRI scanners used for general clinical purposes	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Total Fixed MRI Scanners/Procedures	4	3,271	2,229	5,500	7,021	8,294	15,315	20,815
Procedures performed on mobile MRI scanners **only at this site**		0	0	0	195	239	434	434
Name(s) of Mobile MRI Provider(s): Alliance Imaging								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	19
70540	MRI Orbit/Face/Neck w/o	26
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	147
70544	MRA Head w/o	1,709
70545	MRA Head with contrast	31
70546	MRA Head w/o & with	47
70547	MRA Neck w/o	229
70548	MRA Neck with contrast	2
70549	MRA Neck w/o & with	1,167
70551	MRI Brain w/o	1,949
70552	MRI Brain with contrast	85
	Subtotal for this page	5,411

PMC.2013.00016063

PET-EX040B.0013

RECORD 005482

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	4,426
7055A	IAC Screening	0
71550	MRI Chest w/o	12
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	13
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	1,290
72142	MRI Cervical Spine with contrast	13
72156	MRI Cervical Spine w/o & with	572
72146	MRI Thoracic Spine w/o	454
72147	MRI Thoracic Spine with contrast	8
72157	MRI Thoracic Spine w/o & with	339
72148	MRI Lumbar Spine w/o	2,696
72149	MRI Lumbar Spine with contrast	10
72158	MRI Lumbar Spine w/o & with	567
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	205
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	85
72198	MRA Pelvis w/o OR with Contrast	53
73218	MRI Upper Ext, other than joint w/o	64
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	31
73221	MRI Upper Ext, any joint w/o	851
73222	MRI Upper Ext, any joint with contrast	246
73223	MRI Upper Ext, any joint w/o & with	24
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	311
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	216
73721	MRI Lower Ext any joint w/o	1,581
73722	MRI Lower Ext any joint with contrast	49
73723	MRI Lower Ext any joint w/o & with	66
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	152
74182	MRI Abdomen with contrast	2
	Subtotal for this page	14,339

PMC.2013.00016064

PET-EX040B.0014

RECORD 005483

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	614
74185	MRA Abdomen w/o OR with contrast	1
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	1
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
	Subtotal for this page	616
	Total Number of Procedures for all pages	21,249

(+attached spreadsh 883

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 5

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor N/A

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	13,588	X	1.00	=	13,588
2	Head with contrast	848	X	1.25	=	1,060
3	Head without and with contrast	2,151	X	1.75	=	3,764
4	Body without contrast	10,624	X	1.50	=	15,936
5	Body with contrast	13,913	X	1.75	=	24,348
6	Body without contrast and with contrast	4,666	X	2.75	=	12,832
7	Biopsy in addition to body scan with or without contrast	392	X	2.75	=	1,078
8	Abscess drainage in addition to body scan with or without contrast	910	X	4.00	=	3,640

* Note: Beginning in Jan 2010, 2 CPT codes (Abdomen & Pelvis) were bundled into one, decreasing coded volume.

MRI Procedures by CPT Codes continued.....

CPT Code	CPT Description	Number of Procedures
8900C	MRA Abd w/ Contrast	3
8901C	MRA Abd w/o Contrast	4
8902C	MRA Abd w/o & w/ Contrast	135
77021	MRI Guided NDL Plcmt	12
8910C	MRA Chest w/o Contrast	3
8911C	MRA Chest w/o & w/ Contrast	4
8912C	MRA Lower Extremity w/ Contrast	3
8913C	MRA Lower Extremity w/o Contrast	3
8914C	MRA Lower Extremity w/o & w/ Contrast	49
8905C	MRI Breast, unilateral w/o and/or with contrast	29
8907C	MRI Breast, bilateral w/o contrast	5
8908C	MRI Breast, bilateral w/o & w/ contrast	286
8919C	MRA Pelvis w/o Contrast	6
8920C	MRA Pelvis w/o & w/ contrast	2
8936C	MRA Upper Extremity w/o & w/ contrast	1
0159T	MRI Computer Aided Detection	306
19102	MRI Perc NDL Core Breast Biopsy	3
19103	MRI Perc Vac Decice Breast Biopsy w/ Image	12
19291	MRI Breast NDL Placement, AOL Les.	2
19295	MRI Image Guided PLC Loc Clip Breast	15
	Subtotal	883

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	14	1,016	1,030
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	10	6,981	21,841	28,822
Mammography equipment	5	4	57,526	57,530
Bone Density Equipment	2	0	3,663	3,663
Fixed X-ray Equipment (excluding fluoroscopic)	12	30,253	68,425	104,678
Fixed Fluoroscopic X-ray Equipment	5	1,640	1,349	2,989
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	2	3,969	4,222	8,191
Coincidence Camera	0			
Mobile Coincidence Camera Vendor:	0			
SPECT	4	1,131	3,256	4,387
Mobile SPECT Vendor:	0			
Gamma Camera	0			
Mobile Gamma Camera Vendor:	0			

* **PET procedure** means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0			
Mobile	1	0	176	176

Lithotripsy Vendor/Owner: Baybridge

PMC.2013.00016067

PET-EX040B.0017

RECORD 005486

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	0
77402	Radiation treatment delivery (<=5 MeV)	0
77403	Radiation treatment delivery (6-10 MeV)	18
77404	Radiation treatment delivery (11-19 MeV)	35
77406	Radiation treatment delivery (>=20 MeV)	0
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	13
77409	Radiation treatment delivery (11-19 MeV)	42
77411	Radiation treatment delivery (>=20 MeV)	0
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	0
77413	Radiation treatment delivery (6-10 MeV)	2,749
77414	Radiation treatment delivery (11-19 MeV)	5,465
77416	Radiation treatment delivery (>= 20 MeV)	15
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	2,560
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	0
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	88
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	216
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	0
	Pediatric Patient under anesthesia	0
	Neutron and proton radiation therapy	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
Imaging Procedures Not Included Above		0
77417	Additional field check radiographs	2,003
	Total Procedures – Linear Accelerators	13,204
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
	Total Procedures – Gamma Knife®	0

PMC.2013.00016068

PET-EX040B.0018

RECORD 005487

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .
Patients 1023 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**

b. Total number of Linear Accelerator(s) 3

c. Number of Linear Accelerators configured for stereotactic radiosurgery 1

d. Number of simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))

e. Number of CyberKnife® Systems: 1, Gamma Knife® 0
Other specialized Linear Accelerators 2
Identify Manufacturer of Equipment Varian & Accuray

12. Telemedicine

* Note: The Cyber Knife is our second simulator and only used for SRS patients.

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

b. Does your facility read telemedicine images? yes

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	X
3. Clinical Psychology Services	X	7. Genetic Counseling Service	X
4. Dental Services	X	8. **Number** of Acute Dialysis Stations	10

b) **Hospice Inpatient Unit Data:**
Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence.** Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

13. Additional Services: ***continued***

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   NorthEast Psychiatric & Psychological Institute

2. If address is different than the hospital, please indicate:

   380 Copperfield Blvd Concord, NC 28025

3. Director of the above services.

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

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

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	380 Copperfield					
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	380 Copperfield					
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

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

* Geriatric patients

PMC.2013.00016070

PET-EX040B.0020

RECORD 005489

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders	380 Copperfield					
.3600 Outpatient narcotic addiction treatment	380 Copperfield					
.3700 Day treatment facilities for individuals with substance abuse disorders						

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

PMC.2013.00016071

PET-EX040B.0021

RECORD 005490

Patient Origin - General Acute Care Inpatient Services

Facility County: Cabarrus

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	10	37. Gates	0	73. Person	0
2. Alexander	5	38. Graham	1	74. Pitt	1
3. Alleghany	1	39. Granville	0	75. Polk	0
4. Anson	68	40. Greene	0	76. Randolph	5
5. Ashe	3	41. Guilford	19	77. Richmond	24
6. Avery	2	42. Halifax	0	78. Robeson	11
7. Beaufort	1	43. Harnett	2	79. Rockingham	1
8. Bertie	0	44. Haywood	1	80. Rowan	3,170
9. Bladen	2	45. Henderson	0	81. Rutherford	4
10. Brunswick	6	46. Hertford	0	82. Sampson	0
11. Buncombe	5	47. Hoke	1	83. Scotland	11
12. Burke	4	48. Hyde	0	84. Stanly	2,099
13. Cabarrus	14,559	49. Iredell	257	85. Stokes	2
14. Caldwell	12	50. Jackson	0	86. Surry	22
15. Camden	0	51. Johnston	0	87. Swain	2
16. Carteret	1	52. Jones	0	88. Transylvania	0
17. Caswell	1	53. Lee	1	89. Tyrrell	0
18. Catawba	42	54. Lenoir	1	90. Union	103
19. Chatham	1	55. Lincoln	27	91. Vance	0
20. Cherokee	0	56. Macon	0	92. Wake	12
21. Chowan	0	57. Madison	0	93. Warren	0
22. Clay	0	58. Martin	0	94. Washington	0
23. Cleveland	17	59. McDowell	0	95. Watauga	6
24. Columbus	4	60. Mecklenburg	1,009	96. Wayne	3
25. Craven	0	61. Mitchell	1	97. Wilkes	12
26. Cumberland	6	62. Montgomery	109	98. Wilson	1
27. Currituck	0	63. Moore	8	99. Yadkin	3
28. Dare	2	64. Nash	2	100. Yancey	1
29. Davidson	55	65. New Hanover	0		
30. Davie	16	66. Northampton	0	101. Georgia	9
31. Duplin	1	67. Onslow	3	102. South Carolina	68
32. Durham	0	68. Orange	0	103. Tennessee	9
33. Edgecombe	0	69. Pamlico	0	104. Virginia	21
34. Forsyth	12	70. Pasquotank	2	105. Other States	172
35. Franklin	0	71. Pender	2	106. Other	1
36. Gaston	67	72. Perquimans	0	**Total No. of Patients**	22,130

PMC.2013.00016072

PET-EX040B.0022

RECORD 005491

Patient Origin – Inpatient Surgical Cases

Facility County: Cabarrus

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	6	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	22	40. Greene		76. Randolph	3
5. Ashe	3	41. Guilford	11	77. Richmond	9
6. Avery	1	42. Halifax		78. Robeson	6
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	877
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	8
12. Burke	1	48. Hyde		84. Stanly	618
13. Cabarrus	3,446	49. Iredell	79	85. Stokes	1
14. Caldwell	5	50. Jackson		86. Surry	15
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	19	54. Lenoir		90. Union	36
19. Chatham		55. Lincoln	14	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	9	59. McDowell		95. Watauga	3
24. Columbus	5	60. Mecklenburg	249	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	9
26. Cumberland	1	62. Montgomery	28	98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	3
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	15	65. New Hanover			
30. Davie	6	66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	20
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	5
34. Forsyth	1	70. Pasquotank	3	105. Other States	32
35. Franklin		71. Pender		106. Other	0
36. Gaston	31	72. Perquimans		**Total No. of Patients**	5,618

PMC.2013.00016073

PET-EX040B.0023

RECORD 005492

Patient Origin – Ambulatory Surgical Cases

Facility County: Cabarrus

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	8	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	1
3. Alleghany	1	39. Granville	3	75. Polk	
4. Anson	10	40. Greene		76. Randolph	8
5. Ashe		41. Guilford	6	77. Richmond	4
6. Avery	2	42. Halifax		78. Robeson	3
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1,060
9. Bladen	1	45. Henderson	1	81. Rutherford	1
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	419
13. Cabarrus	3,925	49. Iredell	122	85. Stokes	1
14. Caldwell	4	50. Jackson		86. Surry	4
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	16	54. Lenoir	1	90. Union	41
19. Chatham		55. Lincoln	10	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	10	59. McDowell	1	95. Watauga	6
24. Columbus		60. Mecklenburg	452	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	3
26. Cumberland	1	62. Montgomery	25	98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	24	65. New Hanover	2		
30. Davie	3	66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	23
32. Durham	3	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	10	70. Pasquotank		105. Other States	38
35. Franklin	1	71. Pender		106. Other	0
36. Gaston	30	72. Perquimans		**Total No. of Patients**	10,500

PMC.2013.00016074

PET-EX040B.0024

RECORD 005493

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Cabarrus

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	15	40. Greene		76. Randolph	1
5. Ashe	1	41. Guilford	3	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	643
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	3
12. Burke	3	48. Hyde		84. Stanly	544
13. Cabarrus	2,733	49. Iredell	58	85. Stokes	
14. Caldwell	2	50. Jackson		86. Surry	4
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	9	54. Lenoir	1	90. Union	14
19. Chatham		55. Lincoln	13	91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	1	95. Watauga	2
24. Columbus		60. Mecklenburg	233	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	1	62. Montgomery	32	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson	9	65. New Hanover			
30. Davie	4	66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	11
32. Durham		68. Orange		103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	5
34. Forsyth	4	70. Pasquotank	2	105. Other States	21
35. Franklin		71. Pender	1	106. Other	0
36. Gaston	7	72. Perquimans		**Total No. of Patients**	4,391

PMC.2013.00016075

PET-EX040B.0025

RECORD 005494

All responses should pertain to **October 1, 2010 through September 30, 2011.**

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Cabarrus

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander		13	13						
Alleghany									
Anson		7	7						
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus		1,341	1,341						
Caldwell									
Camden									
Carteret									
Caswell									
Catawba		2	2						
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson		28	28						
Davie		10	10						
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston		59	59						
Gates									
Graham									
Granville									
Greene									
Guilford		18	18						
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell		97	97						
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00016076

PET-EX040B.0026

RECORD 005495

All responses should pertain to **October 1, 2010 through September 30, 2011.**

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Cabarrus
(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg		418	418						
Mitchell									
Montgomery									
Moore		2	2						
Nash		10	10						
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt		8	8						
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan		276	276						
Rutherford									
Sampson									
Scotland									
Stanly		150	150						
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union		180	180						
Vance									
Wake		2	2						
Warren									
Washington									
Watauga									
Wayne									
Wilkes		5	5						
Wilson									
Yadkin									
Yancey									
Out of State		59	59						
TOTALS			2,186						

** Note: See counties: Alamance through Johnston on previous page.

PMC.2013.00016077

PET-EX040B.0027

RECORD 005496

Patient Origin - MRI Services

Facility County: Cabarrus

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	
2. Alexander	13	38. Graham		74. Pitt	3
3. Alleghany	6	39. Granville		75. Polk	
4. Anson	44	40. Greene		76. Randolph	3
5. Ashe	5	41. Guilford	13	77. Richmond	13
6. Avery		42. Halifax		78. Robeson	5
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	3,075
9. Bladen		45. Henderson		81. Rutherford	5
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	5
12. Burke	8	48. Hyde		84. Stanly	1,858
13. Cabarrus	14,025	49. Iredell	270	85. Stokes	
14. Caldwell	16	50. Jackson		86. Surry	5
15. Camden		51. Johnston		87. Swain	
16. Carteret	3	52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba	57	54. Lenoir		90. Union	75
19. Chatham	8	55. Lincoln	57	91. Vance	
20. Cherokee		56. Macon		92. Wake	16
21. Chowan		57. Madison	3	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	13	59. McDowell		95. Watauga	10
24. Columbus		60. Mecklenburg	1,170	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	5
26. Cumberland		62. Montgomery	91	98. Wilson	3
27. Currituck		63. Moore	10	99. Yadkin	5
28. Dare		64. Nash	3	100. Yancey	3
29. Davidson	54	65. New Hanover			
30. Davie	8	66. Northampton		101. Georgia	21
31. Duplin		67. Onslow		102. South Carolina	54
32. Durham		68. Orange	5	103. Tennessee	5
33. Edgecombe		69. Pamlico		104. Virginia	18
34. Forsyth	13	70. Pasquotank		105. Other States	106
35. Franklin		71. Pender		106. Other	0
36. Gaston	47	72. Perquimans		**Total No. of Patients**	21,249

Are mobile MRI services currently provided at your hospital? yes X no _____

PMC.2013.00016078

PET-EX040B.0028

RECORD 005497

Patient Origin – Linear Accelerator Treatment

Facility County: Cabarrus

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	103
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	32
13. Cabarrus	442	49. Iredell	9	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	27	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	623

PMC.2013.00016079

PET-EX040B.0029

RECORD 005498

Patient Origin – PET Scanner

Facility County: Cabarrus

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	128
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	190
13. Cabarrus	607	49. Iredell	18	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	2	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon	2	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	48	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	22	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	2
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	2	72. Perquimans		**Total No. of Patients**	1,030

PMC.2013.00016080

PET-EX040B.0030

RECORD 005499

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2012 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Phyllis A. Wingate **Date:** 11/29/11

PRINT NAME OF APPROVING OFFICIAL PHYLLIS A. WINGATE

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

PMC.2013.00016081

PET-EX040B.0031

RECORD 005500

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

For Official Use Only
License # H0071 Medicare # 340113
Computer: 943070
PC _____ Date _____

License Fee: **$16,245.00**

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **Charlotte-Mecklenburg Hospital Authority**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center/Center for Mental Health**
Other: Carolinas Medical Center and Behavioral Health Center
Other: CMC-Randolph

Facility Mailing Address: P O Box 32861
Charlotte, NC 28232

Facility Site Address: 1000 Blythe Blvd
Charlotte, NC 28203
County: Mecklenburg
Telephone: (704)355-2000
Fax: (704)355-5073

Administrator/Director: Suzanne H. Freeman
Title: President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

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

Name of the person to contact for any questions regarding this form:

Name: F. Del Murphy, Jr **Telephone:** 704-355-6060
E-Mail: Del.Murphy@CarolinasHealthcare.org

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



All responses should pertain to **October 1, 2009 through September 30, 2010.**

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Carolinas Medical Center	1000 Blythe Blvd Charlotte, NC	Acute Care Hospital and academic medical center
Behavioral Health Center: CMC-Randolph	501 Billingsley Rd Charlotte, NC	Acute Psychiatric Hospital

Please attach a separate sheet for additional listings

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

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

   Owner: Charlotte-Mecklenburg Hospital Authority
   Federal Employer ID# 56-0529945
   Street/Box: 1000 Blythe Blvd
   City: Charlotte State: NC Zip: 28203
   Telephone: (704)355-2000 Fax: (704)355-5073
   CEO: Michael C. Tarwater

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

   If 'Yes', name of Health System*: Carolinas HealthCare System
   * *(please attach a list of NC facilities that are part of your Health System)*
   If 'Yes', name of CEO: Michael C. Tarwater

   a. Legal entity is: ___ For Profit _X_ Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC _X_ Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ~~X~~ Yes ~~X~~ No

   If "**YES**", name of building owner:
   Behavioral Health Center: CMC-Randolph's property and building are leased from Mecklenburg County.

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

   If 'Yes', name and address of the management company.
   Name: _____
   Street/Box: _____
   City: _____ State: _____ Zip: _____
   Telephone: (___) _____

PMC.2013.00015686

PET-EX041A.0002

RECORD 005502

Carolinas HealthCare System
Owned, Managed, or Leased Health Care Facilites
As of September 30, 2010

Facility	Location	Relationship to CHS
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Behavioral Health Center - CMC Randolph	Charlotte	Leased
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Charlotte	Owned
Carolinas Medical Center - Union	Monroe	Leased
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation - Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Leased
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Leased
Grace Hospital	Morganton	Managed
Harris Regional Hospital	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Leased
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Diagnostic Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Medical Center Plaza Imaging	Charlotte	Owned
Medical Center Plaza Imaging (CIS)	Charlotte	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union West Imaging	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55.5%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Leased
College Pines Nursing Center	Valdese	Owned
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice of Cabarrus County	Concord	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Leased
Lillie Bennett Nursing Center	Wadesboro	Leased
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Grace Sotomayor
4. Director of Planning: F. Del Murphy, Jr.

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	46,022	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	46,034	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	689	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	CMC - 15,181 CMCR - 1,789 Total - 16,970	

C. Designation and Accreditation

1. Are you a designated trauma center? X Yes (I Designated Level #) ___ No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ X No Expiration Date: 12/19/2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes ___ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Carolinas Medical Center	Licensed Beds as of September 30, 2010	Staffed Beds as of September 30, 2010	Annual Census Inpt. Days of Care
Intensive Care Units			
a. Burn *			*
b. Cardiac	20	20	5,977
c. Cardiovascular Surgery	4	4	2,612
d. Medical/Surgical	29	29	9,726
e. Neonatal Beds Level IV ** (Not Normal Newborn)	53	53	** 15,579
f. Pediatric	20	20	3,914
g. Respiratory Pulmonary			
h. Other (List) Neurosurgery, epilepsy, Trauma,	81	81	24,981
Other Units Progressive			
i. Gynecology	20	20	5,287
j. Medical/Surgical ***	193	193	*** 65,845
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	32	32	** 10,433
m. Obstetric (including LDRP)	71	71	22,153
n. Oncology	35	35	10,828
o. Orthopedics	35	35	11,081
p. Pediatric	80	80	22,357
q. Other (List) telemetry/intermediate cardiac	122	122	40,623
1. Total General Acute Care Beds/Days (a through q)	**795**	795	251,426
2. Comprehensive In-Patient Rehabilitation	13	13	2,684
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	66	66	24,023
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**874**	874	278,133

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015689

PET-EX041A.0005

RECORD 005505

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	84

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	12,595	42,534	158,731	1,114	945
Medicare & Medicare Managed Care	79,722	11,676	222,234	5,413	2,582
Medicaid	82,441	40,600	185,981	3,543	2,442
Commercial Insurance	3,378	1,335	7,173	738	172
Managed Care	69,259	73,748	316,629	6,683	7,797
Other (Specify)	4,531	3,310	9,841	689	589
TOTAL	251,426	123,403	900,589	17,582	14,527

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	4,094
b. Live births (Cesarean Section)	1,992
c. Stillbirths	65

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	20
f. Delivery Rooms – LDRP (include Item "m" on Page 4)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	60

2. Abortion Services Number of procedures per Year 38 (Therapeutic)

PMC.2013.00015690

PET-EX041A.0006

RECORD 005506

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 65 (includes 10@cmcr)

a.1. #Trauma Rooms 5 a.2. #Fast Track Rooms 0 other: 60 (including 10 @cmcr)

b. Total Number of ED visits for reporting period: 123,403 (17,038@cmcr)

c. Total Number of admits from the ED for reporting period: 22,595 (2,122@cmcr)

d. Total Number of Urgent Care visits for reporting period: N/A

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? X Yes ___ No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	3	3	0	1760
Fixed Wing	3	3	0	365

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

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 22,927
HIV Culture 0
d. Organ Bank X Yes ___ No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	9	i. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous	2	j. Liver	78	l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	13
d. Heart	24	g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		h. Kidney	190	o. Other	

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

PMC.2013.00015691

PET-EX041A.0007

RECORD 005507

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization-ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	5		2
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	89	36	38
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	3,864	1,815	1,774
4. Number of Procedures* Performed in Mobile Units	N/A	N/A	N/A

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

Name of Mobile Vendor: N/A

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	6
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	651
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	192
4. Total Open Heart Surgery Procedures (2. + 3.)	843
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	139
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	55

PMC.2013.00015692

PET-EX041A.0008

RECORD 005508

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

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – *If multiple sites*: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	5
Dedicated C-Section	4
Other Dedicated Inpatient Surgery	1
Dedicated Ambulatory Surgery	11
Shared - Inpatient / Ambulatory Surgery	22
Total of Surgical Operating Rooms	43

Number of additional CON approved surgical operating rooms pending development: 4

CON Project ID Number(s) F-8091-08

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

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

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 8 (CMC-Le, LCH-2)

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	10,164	11,747
Non-GI Endoscopy	911	926
Totals	11,075	12,673

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

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

PMC.2013.00015693

PET-EX041A.0009

RECORD 005509

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

(**Campus** – ***If multiple sites:*** _____)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	717	43
Open Heart Surgery (from 7.(b) 4.)	843	
General Surgery	4,483	3,533
Neurosurgery	2,609	590
Obstetrics and GYN (excluding C-Sections)	1,313	2,487
Ophthalmology	27	486
Oral Surgery	103	49
Orthopedics	2,884	2,885
Otolaryngology	447	1,504
Plastic Surgery	2108	463
Urology	792	1,909
Vascular	511	112
Other Surgeries (specify) Dentistry, Endoscopy, Transplant	588	4616
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1,963	
Number of C-Section's Performed in Other ORs	29	
Total Surgical Cases	17,582	14,527

e) Non-Surgical Cases by Category Table

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management (includes Anesthesia)	33	43
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify) Cast (5 rooms)	1,452	1,445
Other (specify) Peripheral (1 room)	445	590
Other (specify) Lithotripsy (mobile vendor)		141
Total Non-Surgical Cases	1,930	2,219

PMC.2013.00015694

PET-EX041A.0010

RECORD 005510

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
12.46	359	185	108

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

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

PMC.2013.00015695

PET-EX041A.0011

RECORD 005511

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	3							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	1	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners	4	2,770	2,067	4,837	3,953	5,910	9,863	14,700*
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. * Note: These numbers do not include a Peds MRI which had 2,414 procedures from 10.1.09 – 9.30.2010.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	15
70542	MRI Orbit/Face/Neck with contrast	7
70543	MRI Orbit/Face/Neck w/o & with	133
70544	MRA Head w/o	1,504
70545	MRA Head with contrast	9
70546	MRA Head w/o & with	14
70547	MRA Neck w/o	1,018
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	21
70551	MRI Brain w/o	2,179
70552	MRI Brain with contrast	184
	Subtotal for this page	5,085

PMC.2013.00015696

PET-EX041A.0012

RECORD 005512

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	2,685
7055A	IAC Screening	
71550	MRI Chest w/o	54
71551	MRI Chest with contrast	1
71552	MRI Chest w/o & with	28
71555	MRA Chest with OR without contrast	27
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	1,014
72142	MRI Cervical Spine with contrast	125
72156	MRI Cervical Spine w/o & with	1310
72146	MRI Thoracic Spine w/o	440
72147	MRI Thoracic Spine with contrast	74
72157	MRI Thoracic Spine w/o & with	129
72148	MRI Lumbar Spine w/o	1,1671
72149	MRI Lumbar Spine with contrast	46
72158	MRI Lumbar Spine w/o & with	216
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	241
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	292
72198	MRA Pelvis w/o OR with Contrast	8
73218	MRI Upper Ext, other than joint w/o	60
73219	MRI Upper Ext, other than joint with contrast	2
73220	MRI Upper Ext, other than joint w/o & with	34
73221	MRI Upper Ext, any joint w/o	460
73222	MRI Upper Ext, any joint with contrast	46
73223	MRI Upper Ext, any joint w/o & with	5
73225	MRA Upper Ext, w/o OR with contrast	2
73718	MRI Lower Ext other than joint w/o	275
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	48
73721	MRI Lower Ext any joint w/o	671
73722	MRI Lower Ext any joint with contrast	23
73723	MRI Lower Ext any joint w/o & with	22
73725	MRA Lower Ext w/o OR with contrast	25
74181	MRI Abdomen w/o	99
74182	MRI Abdomen with contrast	1
	Subtotal for this page	8,962

PMC.2013.00015697

PET-EX041A.0013

RECORD 005513

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	513
74185	MRA Abdomen w/o OR with contrast	50
75552	MRI Cardiac Morphology w/o	4
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	69
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	17
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for this page	653
	Total Number of Procedures for all pages	14,700

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 10

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor N/A

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	14,335	X	1.00	=	14,335
2	Head with contrast	527	X	1.25	=	658.75
3	Head without and with contrast	1,049	X	1.75	=	1835.75
4	Body without contrast	16,322	X	1.50	=	24,483
5	Body with contrast	27,950	X	1.75	=	48,912.6
6	Body without contrast and with contrast	8,930	X	2.75	=	24,557.5
7	Biopsy in addition to body scan with or without contrast	591	X	2.75	=	1,625.25
8	Abscess drainage in addition to body scan with or without contrast	327	X	4.00	=	1,308

PMC.2013.00015698

PET-EX041A.0014

RECORD 005514

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	2	270	2,920	3,190
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	11	12,877	11,147	24,024
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	14	17,796	72,173	89,969
Fixed Fluoroscopic X-ray Equipment	9	2,513	3,669	6,182
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	3	4,399	2,582	6,981
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT	5	1,107	1,079	2,186
Mobile SPECT Vendor:				
Gamma Camera	1	759	2,815	3,574
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1		141	141

Lithotripsy Vendor/Owner: Stone Institute of the Carolinas

PMC.2013.00015699

PET-EX041A.0015

RECORD 005515

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	91
77404	Radiation treatment delivery (11-19 MeV)	39
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	1
77409	Radiation treatment delivery (11-19 MeV)	4
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	5,454
77416	Radiation treatment delivery (>= 20 MeV)	5,033
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	3,314
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	221
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	294
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	75
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	24
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	1,478
	Total Procedures – Linear Accelerators	16,028
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
	Total Procedures – Gamma Knife®	0

PMC.2013.00015700

PET-EX041A.0016

RECORD 005516

11. Linear Accelerator Treatment Data *continued*

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients 1,093 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.**
b. Total number of Linear Accelerator(s) 2
c. Number of Linear Accelerators configured for stereotactic radiosurgery
d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)) 1
e. Number of CyberKnife® Systems: , Gamma Knife®   Other specialized Linear Accelerators 1   Identify Manufacturer of Equipment Novalis

12. Telemedicine

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

b. Does your facility read telemedicine images? Yes

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	X
3. Clinical Psychology Services	X	7. Genetic Counseling Service	X
4. Dental Services	X	8. **Number** of Acute Dialysis Stations	X

b) **Hospice Inpatient Unit Data:**

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00015701

PET-EX041A.0017

RECORD 005517

13. **Additional Services:** ***continued***

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:
   Behavioral Health Center: CMC - Randolph
2. If address is different than the hospital, please indicate:
   501 Billingsley Rd Charlotte NC 28211
3. Director of the above services.
   Laura J. Thomas

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

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

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	501 Billingsley					
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	501 Billingsley					
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center	501 Billingsley				14	14

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	501 Billingsley	10	12	22	44	66

PMC.2013.00015702

PET-EX041A.0018

RECORD 005518

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

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

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

PMC.2013.00015703

PET-EX041A.0019

RECORD 005519

Patient Origin -General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	9	37. Gates		73. Person	2
2. Alexander	78	38. Graham	2	74. Pitt	5
3. Alleghany	8	39. Granville	5	75. Polk	20
4. Anson	585	40. Greene		76. Randolph	78
5. Ashe	107	41. Guilford	88	77. Richmond	246
6. Avery	42	42. Halifax	4	78. Robeson	81
7. Beaufort	5	43. Harnett	16	79. Rockingham	116
8. Bertie		44. Haywood	26	80. Rowan	395
9. Bladen	11	45. Henderson	46	81. Rutherford	431
10. Brunswick	38	46. Hertford	1	82. Sampson	3
11. Buncombe	76	47. Hoke	6	83. Scotland	139
12. Burke	347	48. Hyde		84. Stanly	581
13. Cabarrus	1,093	49. Iredell	812	85. Stokes	5
14. Caldwell	254	50. Jackson	14	86. Surry	22
15. Camden		51. Johnston	7	87. Swain	12
16. Carteret	3	52. Jones		88. Transylvania	12
17. Caswell	1	53. Lee	8	89. Tyrrell	
18. Catawba	553	54. Lenoir	4	90. Union	2,596
19. Chatham	2	55. Lincoln	1,086	91. Vance	1
20. Cherokee	9	56. Macon	10	92. Wake	54
21. Chowan		57. Madison	6	93. Warren	
22. Clay	1	58. Martin		94. Washington	1
23. Cleveland	1,643	59. McDowell	53	95. Watauga	219
24. Columbus	16	60. Mecklenburg	25,400	96. Wayne	8
25. Craven	2	61. Mitchell	4	97. Wilkes	52
26. Cumberland	50	62. Montgomery	95	98. Wilson	2
27. Currituck		63. Moore	34	99. Yadkin	7
28. Dare	3	64. Nash	7	100. Yancey	8
29. Davidson	59	65. New Hanover	29		
30. Davie	12	66. Northampton	2	101. Georgia	77
31. Duplin	4	67. Onslow	9	102. South Carolina	4,854
32. Durham	27	68. Orange	4	103. Tennessee	46
33. Edgecombe	1	69. Pamlico	1	104. Virginia	99
34. Forsyth	52	70. Pasquotank	1	105. Other States	109
35. Franklin	5	71. Pender	8	106. Other	1
36. Gaston	2513	72. Perquimans		Total No. of Patients	46,022

PMC.2013.00015704

PET-EX041A.0020

RECORD 005520

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	1
2. Alexander	54	38. Graham	1	74. Pitt	1
3. Alleghany	5	39. Granville	2	75. Polk	15
4. Anson	229	40. Greene		76. Randolph	116
5. Ashe	56	41. Guilford	49	77. Richmond	110
6. Avery	20	42. Halifax	2	78. Robeson	316
7. Beaufort	4	43. Harnett	9	79. Rockingham	7
8. Bertie		44. Haywood	16	80. Rowan	7167
9. Bladen	5	45. Henderson	32	81. Rutherford	709
10. Brunswick	22	46. Hertford	1	82. Sampson	1
11. Buncombe	66	47. Hoke	2	83. Scotland	167
12. Burke	174	48. Hyde		84. Stanly	287
13. Cabarrus	622	49. Iredell	467	85. Stokes	5
14. Caldwell	152	50. Jackson	14	86. Surry	116
15. Camden		51. Johnston	1	87. Swain	7
16. Carteret	4	52. Jones		88. Transylvania	6
17. Caswell	1	53. Lee	5	89. Tyrrell	
18. Catawba	346	54. Lenoir	1	90. Union	1,223
19. Chatham	1	55. Lincoln	487	91. Vance	1
20. Cherokee	5	56. Macon	6	92. Wake	36
21. Chowan		57. Madison	5	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	722	59. McDowell	42	95. Watauga	101
24. Columbus	7	60. Mecklenburg	7,311	96. Wayne	4
25. Craven	1	61. Mitchell	4	97. Wilkes	27
26. Cumberland	30	62. Montgomery	44	98. Wilson	1
27. Currituck		63. Moore	25	99. Yadkin	5
28. Dare	1	64. Nash	4	100. Yancey	5
29. Davidson	30	65. New Hanover	15		
30. Davie	1	66. Northampton	1	101. Georgia	36
31. Duplin	4	67. Onslow	5	102. South Carolina	2,355
32. Durham	14	68. Orange	1	103. Tennessee	26
33. Edgecombe		69. Pamlico		104. Virginia	69
34. Forsyth	31	70. Pasquotank	1	105. Other States	231
35. Franklin	1	71. Pender	5	106. Other	4
36. Gaston	1230	72. Perquimans		**Total No. of Patients**	17,582

PMC.2013.00015705

PET-EX041A.0021

RECORD 005521

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	1
2. Alexander	20	38. Graham		74. Pitt	2
3. Alleghany	2	39. Granville	1	75. Polk	5
4. Anson	83	40. Greene		76. Randolph	11
5. Ashe	11	41. Guilford	15	77. Richmond	30
6. Avery	8	42. Halifax		78. Robeson	8
7. Beaufort	3	43. Harnett	1	79. Rockingham	1
8. Bertie		44. Haywood	17	80. Rowan	173
9. Bladen	1	45. Henderson	28	81. Rutherford	52
10. Brunswick	8	46. Hertford	1	82. Sampson	1
11. Buncombe	51	47. Hoke		83. Scotland	12
12. Burke	73	48. Hyde		84. Stanly	199
13. Cabarrus	490	49. Iredell	2168	85. Stokes	
14. Caldwell	53	50. Jackson	5	86. Surry	9
15. Camden		51. Johnston	3	87. Swain	1
16. Carteret		52. Jones		88. Transylvania	4
17. Caswell		53. Lee	5	89. Tyrrell	
18. Catawba	186	54. Lenoir	1	90. Union	1,302
19. Chatham	1	55. Lincoln	281	91. Vance	
20. Cherokee	4	56. Macon	8	92. Wake	11
21. Chowan		57. Madison	3	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	378	59. McDowell	23	95. Watauga	35
24. Columbus	2	60. Mecklenburg	7,812	96. Wayne	
25. Craven		61. Mitchell	2	97. Wilkes	14
26. Cumberland	6	62. Montgomery	14	98. Wilson	1
27. Currituck		63. Moore	10	99. Yadkin	2
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	10	65. New Hanover	3		
30. Davie	6	66. Northampton		101. Georgia	16
31. Duplin		67. Onslow	1	102. South Carolina	1583
32. Durham	4	68. Orange	2	103. Tennessee	6
33. Edgecombe		69. Pamlico		104. Virginia	35
34. Forsyth	16	70. Pasquotank		105. Other States	143
35. Franklin		71. Pender	1	106. Other	2
36. Gaston	947	72. Perquimans		**Total No. of Patients**	14,527

PMC.2013.00015706

PET-EX041A.0022

RECORD 005522

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	1
2. Alexander	32	38. Graham	1	74. Pitt	1
3. Alleghany	3	39. Granville	1	75. Polk	8
4. Anson	145	40. Greene		76. Randolph	9
5. Ashe	34	41. Guilford	29	77. Richmond	71
6. Avery	12	42. Halifax	1	78. Robeson	27
7. Beaufort	2	43. Harnett	5	79. Rockingham	4
8. Bertie		44. Haywood	12	80. Rowan	157
9. Bladen	3	45. Henderson	19	81. Rutherford	122
10. Brunswick	13	46. Hertford	1	82. Sampson	1
11. Buncombe	36	47. Hoke	1	83. Scotland	43
12. Burke	113	48. Hyde		84. Stanly	170
13. Cabarrus	355	49. Iredell	268	85. Stokes	3
14. Caldwell	97	50. Jackson	8	86. Surry	11
15. Camden	2	51. Johnston	1	87. Swain	4
16. Carteret	1	52. Jones		88. Transylvania	4
17. Caswell	1	53. Lee	3	89. Tyrrell	
18. Catawba	206	54. Lenoir	1	90. Union	725
19. Chatham	1	55. Lincoln	300	91. Vance	1
20. Cherokee	3	56. Macon	4	92. Wake	22
21. Chowan		57. Madison	3	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	436	59. McDowell	23	95. Watauga	56
24. Columbus	4	60. Mecklenburg	4,660	96. Wayne	2
25. Craven	1	61. Mitchell	3	97. Wilkes	19
26. Cumberland	19	62. Montgomery	27	98. Wilson	1
27. Currituck		63. Moore	16	99. Yadkin	3
28. Dare	1	64. Nash	2	100. Yancey	3
29. Davidson	21	65. New Hanover	10		
30. Davie	1	66. Northampton	1	101. Georgia	21
31. Duplin	2	67. Onslow	3	102. South Carolina	744
32. Durham	8	68. Orange	1	103. Tennessee	15
33. Edgecombe		69. Pamlico		104. Virginia	38
34. Forsyth	19	70. Pasquotank	1	105. Other States	147
35. Franklin	1	71. Pender	3	106. Other	2
36. Gaston	741	72. Perquimans		**Total No. of Patients**	10,164

PMC.2013.00015707

PET-EX041A.0023

RECORD 005523

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Mecklenburg

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander	10		10						
Alleghany									
Anson	13		13						
Ashe									
Avery									
Beaufort									
Bertie									
Bladen		27	27						
Brunswick		7	7						
Buncombe	6	13	19						
Burke		45	45						
Cabarrus	228	323	551						
Caldwell									
Camden									
Carteret									
Caswell									
Catawba		6	6						
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland	14	34	48						
Columbus									
Craven									
Cumberland		8	8						
Currituck									
Dare									
Davidson		6	6						
Davie		7	7						
Duplin									
Durham									
Edgecombe									
Forsyth	11	9	20						
Franklin									
Gaston	147	217	364						
Gates									
Graham									
Granville									
Greene									
Guilford		30	30						
Halifax									
Harnett									
Haywood									
Henderson		3	3						
Hertford									
Hoke									
Hyde									
Iredell	123	70	193						
Jackson	11		11						
Johnston		5	5						

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015708

PET-EX041A.0024

RECORD 005524

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Mecklenburg

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln	65	96	161						
Macon									
Madison									
Martin									
McDowell	7		7						
Mecklenburg	5,162	14,140	19,302						
Mitchell									
Montgomery	54		54						
Moore									
Nash									
New Hanover									
Northampton									
Onslow		2	2						
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph	12	10	22						
Richmond									
Robeson	16	28	34						
Rockingham									
Rowan	68	67	135						
Rutherford	13		13						
Sampson		7	7						
Scotland									
Stanly	134	3	137						
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union	309	421	730						
Vance		10	10						
Wake		18	18						
Warren									
Washington									
Watauga		6	6						
Wayne		11	11						
Wilkes									
Wilson									
Yadkin	13	7	20						
Yancey									
Out of State	314	1,164	1,478						
TOTALS			24,023						

** Note: See counties: Alamance through Johnston on previous page.

PMC.2013.00015709

PET-EX041A.0025

RECORD 005525

Patient Origin - MRI Services

Facility County: Mecklenburg

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	1
2. Alexander	20	38. Graham		74. Pitt	2
3. Alleghany	5	39. Granville	3	75. Polk	8
4. Anson	117	40. Greene		76. Randolph	10
5. Ashe	7	41. Guilford	19	77. Richmond	33
6. Avery	7	42. Halifax		78. Robeson	10
7. Beaufort	1	43. Harnett	4	79. Rockingham	1
8. Bertie		44. Haywood	8	80. Rowan	109
9. Bladen	2	45. Henderson	6	81. Rutherford	64
10. Brunswick	5	46. Hertford	1	82. Sampson	2
11. Buncombe	17	47. Hoke	1	83. Scotland	27
12. Burke	63	48. Hyde	2	84. Stanly	118
13. Cabarrus	2516	49. Iredell	190	85. Stokes	1
14. Caldwell	49	50. Jackson	6	86. Surry	6
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	123	54. Lenoir	1	90. Union	821
19. Chatham	1	55. Lincoln	239	91. Vance	1
20. Cherokee		56. Macon	6	92. Wake	11
21. Chowan		57. Madison	1	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	375	59. McDowell	6	95. Watauga	24
24. Columbus	5	60. Mecklenburg	6,828	96. Wayne	1
25. Craven		61. Mitchell	2	97. Wilkes	10
26. Cumberland	10	62. Montgomery	20	98. Wilson	1
27. Currituck		63. Moore	4	99. Yadkin	3
28. Dare		64. Nash	3	100. Yancey	6
29. Davidson	3	65. New Hanover	4		
30. Davie	2	66. Northampton		101. Georgia	12
31. Duplin		67. Onslow	4	102. South Carolina	1,302
32. Durham	5	68. Orange	2	103. Tennessee	9
33. Edgecombe		69. Pamlico		104. Virginia	23
34. Forsyth	10	70. Pasquotank	2	105. Other States	92
35. Franklin	2	71. Pender	2	106. Other	1
36. Gaston	744	72. Perquimans		**Total No. of Patients**	11,911

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00015710

PET-EX041A.0026

RECORD 005526

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham	1	74. Pitt	
3. Alleghany	1	39. Granville	1	75. Polk	1
4. Anson	4	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	1	77. Richmond	1
6. Avery	1	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	7
9. Bladen		45. Henderson	1	81. Rutherford	7
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	4	48. Hyde		84. Stanly	10
13. Cabarrus	28	49. Iredell	13	85. Stokes	
14. Caldwell	1	50. Jackson	3	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	10	54. Lenoir		90. Union	48
19. Chatham		55. Lincoln	20	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	24	59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg	6886	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	125
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth	1	70. Pasquotank		105. Other States	7
35. Franklin		71. Pender	1	106. Other	
36. Gaston	72	72. Perquimans		**Total No. of Patients**	1,093

PMC.2013.00015711

PET-EX041A.0027

RECORD 005527

Patient Origin – PET Scanner

Facility County: Mecklenburg

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	4	38. Graham		74. Pitt	2
3. Alleghany		39. Granville		75. Polk	
4. Anson	26	40. Greene		76. Randolph	
5. Ashe	4	41. Guilford	4	77. Richmond	9
6. Avery	9	42. Halifax		78. Robeson	2
7. Beaufort	2	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	18
9. Bladen		45. Henderson	2	81. Rutherford	20
10. Brunswick	7	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	7
12. Burke	20	48. Hyde		84. Stanly	46
13. Cabarrus	117	49. Iredell	48	85. Stokes	
14. Caldwell	4	50. Jackson	4	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	20	54. Lenoir		90. Union	277
19. Chatham		55. Lincoln	121	91. Vance	
20. Cherokee		56. Macon	4	92. Wake	
21. Chowan		57. Madison	2	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	130	59. McDowell	2	95. Watauga	9
24. Columbus		60. Mecklenburg	1,4109	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	2
26. Cumberland		62. Montgomery	9	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson		65. New Hanover			
30. Davie	2	66. Northampton		101. Georgia	3
31. Duplin		67. Onslow	2	102. South Carolina	310
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	4	70. Pasquotank		105. Other States	
35. Franklin		71. Pender	2	106. Other	
36. Gaston	238	72. Perquimans		**Total No. of Patients**	3,190

PMC.2013.00015712

PET-EX041A.0028

RECORD 005528

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____ **Date:** 12-16-10

PRINT NAME OF APPROVING OFFICIAL Dennis J. Phillips, Executive Vice-President

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

PMC.2013.00015713

PET-EX041A.0029

RECORD 005529

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

For Official Use Only
License # H0071 Medicare # 340113
Computer: 943070
PC _____ Date _____

License Fee: **$16,245.00**

2012
HOSPITAL LICENSE RENEWAL APPLICATION

Legal Identity of Applicant: **Charlotte-Mecklenburg Hospital Authority**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

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

PRIMARY: **Carolinas Medical Center/Center for Mental Health**
Other: Carolinas Medical Center and Behavioral Health Center
Other: CMC-Randolph

Facility Mailing Address: P O Box 32861
Charlotte, NC 28232

Facility Site Address: 1000 Blythe Blvd
Charlotte, NC 28203
County: Mecklenburg
Telephone: (704)355-2000
Fax: (704)355-5073

Administrator/Director: Suzanne H. Freeman
Title: President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

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

Name of the person to contact for any questions regarding this form:

Name: F. Del Murphy, Jr. **Telephone:** 704-355-6060

E-Mail: Del.Murphy@carolinashealthcare.org

Primary National Provider Identifier (NPI) registered at NPPES 1295789907

If facility has more than one "Primary" NPI, please provide Behavioral Healthcenter (CMC-Randolph) 1740441476

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

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Petitioner's Trial Exhibit 041B

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Carolinas Medical Center	1000 Blythe Blvd Charlotte, NC	Acute Care Hospital & Academic Medical Center
Behavioral Health Center: CMC-Randolph	501 Billingsley Rd Charlotte NC	Acute Psychiatric Hospital

Please attach a separate sheet for additional listings

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

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

Owner: Charlotte-Mecklenburg Hospital Authority
Federal Employer ID# 56-0529945
Street/Box: 1000 Blythe Blvd
City: Charlotte State: NC Zip: 28203
Telephone: (704)355-2000 Fax: (704)355-5073
CEO: Michael C. Tarwater

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

If 'Yes', name of Health System*: Carolinas HealthCare System

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

If 'Yes', name of CEO: Michael C. Tarwater

a. Legal entity is: ___ For Profit X Not For Profit

b. Legal entity is: ___ Corporation ___ LLP ___ Partnership ___ Proprietorship ___ LLC X Government Unit

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

If "YES", name of building owner:

Behavioral HealthCenter: CMC-Randolph's property & building are leased from Mecklenburg County.

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

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

Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (___) _____

PMC.2013.00015919

PET-EX041B.0002

RECORD 005531

Carolinas HealthCare System - North Carolina		
Owned, Managed, and Leased Facilities	**As of September 30, 2011**	
Facility	**Location**	**Relationship to CHS**
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Pineville	Owned
Carolinas Medical Center - Randolph	Charlotte	Owned
Carolinas Medical Center - Union/First Step Recovery Center	Monroe	Owned/Lease
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation-Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Owned/Lease
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Owned/Lease
Grace Hospital	Morganton	Managed
Harris Regional	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Owned/Lease
Levine Children's Hospital	Charlotte	Owned
Murphy Medical Center	Murphy	Managed
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Southpark Imaging Center (CIS)	Charlotte	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union Medical Services, LLC (Union West MRI)	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery (WaveCo, LLC)	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Cleveland Ambulatory Services, LLC		CCHS (60%)
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center, LLC	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Owned/Lease
College Pines Nursing Center	Valdese	Owned
Edwin Morgan Center (517 Peden St., Laurinburg, NC 28352)	Laurinburg	Managed
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice and Palliative Care of Cabarrus County	Kannapolis	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Owned/Lease
Lillie Bennett Nursing Center	Wadesboro	Owned
Murphy Medical Center Nursing Home	Murphy	Managed
North Mecklenburg Nursing Home, LLC(not open yet)		Owned (10%)
Sandis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

**Note: This data represents Carolinas HealthCare System's (CHS) North Carolina Hospitals, Imaging Centers, Ambulatory Surgery Centers, and Nursing Homes. CHS also operates numerous Physician Practices and Urgent Care Center locations.*

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Grace Sotomayor
4. Director of Planning: F. Del Murphy, Jr.

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	47,008	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	47,141	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	731	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	CMC 15,860 CMC-Randolph 2,625 Total 18,485	

C. Designation and Accreditation

1. Are you a designated trauma center? X Yes (I Designated Level #) ___ No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? ___ Yes X No Expiration Date: 12/19/2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see *G.S. 131E-176(2c)*)]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Carolinas Medical Center	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	20	20	6025
c. Cardiovascular Surgery	4	4	2,494
d. Medical/Surgical	29	29	10,199
e. Neonatal Beds Level IV ** (Not Normal Newborn)	53	53	**13,958
f. Pediatric	20	20	4,643
g. Respiratory Pulmonary			
h. Other (List) Neurosurgery, Epilepsy, Trauma,	81	81	25,353
Other Units Progressive			
i. Gynecology	20	20	5,013
j. Medical/Surgical ***	193	193	***71,032
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	32	32	**9,435
m. Obstetric (including LDRP)	71	71	22,931
n. Oncology	35	35	11,320
o. Orthopedics	35	35	12,019
p. Pediatric	80	80	23,579
q. Other (List) Telemetry, Intermediate Cardiac	122	122	41,161
Total General Acute Care Beds/Days (a through q)	795	795	259,102
2. Comprehensive In-Patient Rehabilitation	13	13	3,171
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	66	66	24,813
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	874	874	287,146

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015922

PET-EX041B.0005

RECORD 005534

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	84

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	11,117	43,037	159,651	1,089	779
Medicare & Medicare Managed Care	85,197	11,950	257,924	5,608	2,395
Medicaid	83,840	42,163	181,932	3,743	2,578
Commercial Insurance	3,795	1,486	7,735	278	173
Managed Care	70,902	25,242	302,419	6,270	8,331
Other (Specify)	4,305	2,418	8,775	407	532
TOTAL	259,162	126,296	918,438	17,395	14,788

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	4,103
b. Live births (Cesarean Section)	1,864
c. Stillbirths	90

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	23
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 4)	Ø
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	60

2. Abortion Services

Number of procedures per Year 48 (Therapeutic)

PMC.2013.00015923

PET-EX041B.0006

RECORD 005535

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 105 (includes 10 @ CMC-Randolph)

a.1. #Trauma Rooms 5 a.2. #Fast Track Rooms Ø

b. Total Number of ED visits for reporting period: 126,296 (19,521 @ CMC-Randolph

c. Total Number of admits from the ED for reporting period: 23,685 (2,168 @ CMCR)

d. Total Number of Urgent Care visits for reporting period: N/A

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? X Yes ___ No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	3	3	Ø	1,977
Fixed Wing	3	3	Ø	502

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

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 35,165
HIV Culture Ø
d. Organ Bank X Yes ___ No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	10	f. Heart/Liver	Ø	k. Lung	Ø
b. Bone Marrow-Autologous	5	g. Heart/Kidney	Ø	l. Pancreas	Ø
c. Cornea	Ø	h. Kidney	133	m. Pancreas/Kidney	9
d. Heart	17	i. Kidney/Liver	1	n. Pancreas/Liver	Ø
e. Heart/Lung	Ø	j. Liver	56	o. Other	Ø

Do you perform living donor transplants ? X Yes ___ No

PMC.2013.00015924

PET-EX041B.0007

RECORD 005536

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	7		2 of 7
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	180	99	41
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	4,093	1,628	1,750
4. Number of Procedures* Performed in Mobile Units	N/A	N/A	N/A

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

Name of Mobile Vendor: N/A

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	6
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	675
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	98
4. Total Open Heart Surgery Procedures (2. + 3.)	773
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	162
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	∅

PMC.2013.00015925

PET-EX041B.0008

RECORD 005537

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

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites***: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	5
Dedicated C-Section	4
Other Dedicated Inpatient Surgery	1
Dedicated Ambulatory Surgery	11
Shared - Inpatient / Ambulatory Surgery	26
Total of Surgical Operating Rooms	47

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) N/A

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

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

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 9

Number of additional CON approved GI Endoscopy Rooms pending development: N/A

CON Project ID Number(s) N/A

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	2,618	6,142	3,902	10,477
Non-GI Endoscopy	575	1,999	1,110	3,059
Totals	3,193	8,141	5,012	13,536

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

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

Note: Now using a new data source called "Business objects" to obtain this level of data.

PMC.2013.00015926

PET-EX041B.0009

RECORD 005538

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

(**Campus** – ***If multiple sites:*** _____)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	610	28
Open Heart Surgery (from 7.(b) 4.)	773	
General Surgery	4,600	3,713
Neurosurgery	2,389	573
Obstetrics and GYN (excluding C-Sections)	1,074	2,553
Ophthalmology	22	187
Oral Surgery	11	252
Orthopedics	3,220	2,992
Otolaryngology	Ø	Ø
Plastic Surgery	599	666
Urology	720	2,062
Vascular	832	59
Other Surgeries (specify) Rad, ANS, Den, Endo, Trans	299	128
Other Surgeries (specify) ENT	394	1,575
Number of C-Section's Performed in Dedicated C-Section ORs	1,839	
Number of C-Section's Performed in Other ORs	13	
Total Surgical Cases	17,395	14,788

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify) Cast	2,285	2,029
Other (specify) Peripheral	412	547
Other (specify)		
Total Non-Surgical Cases	2,697	2,576

PMC.2013.00015927

PET-EX041B.0010

RECORD 005539

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
14.5	305	224.20	116.85

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

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

PMC.2013.00015928

PET-EX041B.0011

RECORD 005540

10a. Magnetic Resonance Imaging (MRI)

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

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	3							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	1	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures	4	3,007	2,329	5,336	5,366	5,272	10,638	15,974
Procedures performed on mobile MRI scanners **only at this site**				ϕ			ϕ	ϕ
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	7
70540	MRI Orbit/Face/Neck w/o	18
70542	MRI Orbit/Face/Neck with contrast	4
70543	MRI Orbit/Face/Neck w/o & with	121
70544	MRA Head w/o	1,525
70545	MRA Head with contrast	7
70546	MRA Head w/o & with	92
70547	MRA Neck w/o	1,029
70548	MRA Neck with contrast	2
70549	MRA Neck w/o & with	39
70551	MRI Brain w/o	2,342
70552	MRI Brain with contrast	193
	Subtotal for this page	5,379

PMC.2013.00015929

PET-EX041B.0012

RECORD 005541

10a. Magnetic Resonance Imaging (MRI)

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

Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	# Units: 1	Inpatient Procedures*			Outpatient Procedures*			
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	∅	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures	1	459	384	843	983	830	1,813	2,656
Procedures performed on mobile MRI scanners **only at this site**		∅						
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

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

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	6
70540	MRI Orbit/Face/Neck w/o	6
70542	MRI Orbit/Face/Neck with contrast	∅
70543	MRI Orbit/Face/Neck w/o & with	106
70544	MRA Head w/o	90
70545	MRA Head with contrast	3
70546	MRA Head w/o & with	19
70547	MRA Neck w/o	17
70548	MRA Neck with contrast	0
70549	MRA Neck w/o & with	1
70551	MRI Brain w/o	594
70552	MRI Brain with contrast	5
	Subtotal for this page	847

PMC.2013.00015930

PET-EX041B.0013

RECORD 005542

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	3,058
7055A	IAC Screening	Ø
71550	MRI Chest w/o	41
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	34
71555	MRA Chest with OR without contrast	26
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	1,117
72142	MRI Cervical Spine with contrast	153
72156	MRI Cervical Spine w/o & with	183
72146	MRI Thoracic Spine w/o	499
72147	MRI Thoracic Spine with contrast	78
72157	MRI Thoracic Spine w/o & with	148
72148	MRI Lumbar Spine w/o	1,698
72149	MRI Lumbar Spine with contrast	40
72158	MRI Lumbar Spine w/o & with	294
72159	MRA Spinal Canal w/o OR with contrast	1
72195	MRI Pelvis w/o	195
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	359
72198	MRA Pelvis w/o OR with Contrast	10
73218	MRI Upper Ext, other than joint w/o	67
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	42
73221	MRI Upper Ext, any joint w/o	460
73222	MRI Upper Ext, any joint with contrast	45
73223	MRI Upper Ext, any joint w/o & with	17
73225	MRA Upper Ext, w/o OR with contrast	3
73718	MRI Lower Ext other than joint w/o	283
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	65
73721	MRI Lower Ext any joint w/o	736
73722	MRI Lower Ext any joint with contrast	24
73723	MRI Lower Ext any joint w/o & with	25
73725	MRA Lower Ext w/o OR with contrast	23
74181	MRI Abdomen w/o	94
74182	MRI Abdomen with contrast	3
	Subtotal for this page	9,824

PMC.2013.00015931

PET-EX041B.0014

RECORD 005543

10b. MRI Procedures by CPT Codes *continued. . . . .*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	787
7055A	IAC Screening	Ø
71550	MRI Chest w/o	5
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	6
71555	MRA Chest with OR without contrast	Ø
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	196
72142	MRI Cervical Spine with contrast	43
72156	MRI Cervical Spine w/o & with	51
72146	MRI Thoracic Spine w/o	125
72147	MRI Thoracic Spine with contrast	43
72157	MRI Thoracic Spine w/o & with	54
72148	MRI Lumbar Spine w/o	166
72149	MRI Lumbar Spine with contrast	44
72158	MRI Lumbar Spine w/o & with	57
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	27
72196	MRI Pelvis with contrast	Ø
72197	MRI Pelvis w/o & with	20
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	Ø
73219	MRI Upper Ext, other than joint with contrast	Ø
73220	MRI Upper Ext, other than joint w/o & with	10
73221	MRI Upper Ext, any joint w/o	14
73222	MRI Upper Ext, any joint with contrast	Ø
73223	MRI Upper Ext, any joint w/o & with	4
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	34
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	25
73721	MRI Lower Ext any joint w/o	29
73722	MRI Lower Ext any joint with contrast	2
73723	MRI Lower Ext any joint w/o & with	10
73725	MRA Lower Ext w/o OR with contrast	3
74181	MRI Abdomen w/o	3
74182	MRI Abdomen with contrast	Ø
	Subtotal for this page	1,758

PMC.2013.00015932

PET-EX041B.0015

RECORD 005544

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	622
74185	MRA Abdomen w/o OR with contrast	51
75552	MRI Cardiac Morphology w/o	4
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	70
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	24
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	771
	Total Number of Procedures for all pages	15,974

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 6 (1 portable)

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor ———

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	14,729	X	1.00	=	14,729
2	Head with contrast	501	X	1.25	=	626.25
3	Head without and with contrast	554	X	1.75	=	969.5
4	Body without contrast	15,991	X	1.50	=	23,986.5
5	Body with contrast	22,200	X	1.75	=	38,850
6	Body without contrast and with contrast	8,319	X	2.75	=	22,877.25
7	Biopsy in addition to body scan with or without contrast	548	X	2.75	=	1,507
8	Abscess drainage in addition to body scan with or without contrast	379	X	4.00	=	1,516

PMC.2013.00015933

PET-EX041B.0016

RECORD 005545

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	39
74185	MRA Abdomen w/o OR with contrast	2
75552	MRI Cardiac Morphology w/o	0
75553	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
76093	MRI Breast, unilateral w/o and/or with contrast	0
76094	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	10
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
	Subtotal for this page	51
	Total Number of Procedures for all pages	2,654

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

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

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

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

PMC.2013.00015934

PET-EX041B.0017

RECORD 005546

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

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

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	2	315	2,907	3,222
Mobile PET Scanner	Ø			
PET pursuant to Policy AC-3	Ø			
Other Human Research PET Scanner	Ø			
Ultrasound equipment	11	13,552	12,306	25,858
Mammography equipment	Ø			
Bone Density Equipment	Ø			
Fixed X-ray Equipment (excluding fluoroscopic)	15/17	73,101	91,998	165,099*
Fixed Fluoroscopic X-ray Equipment	9/16	7,253	3,417	10,670
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	3	4,464	2,560	7,024
Coincidence Camera	Ø			
Mobile Coincidence Camera Vendor:	Ø			
SPECT	5	645	854	1,499
Mobile SPECT Vendor:	Ø			
Gamma Camera	1	1,085	2,931	4,016
Mobile Gamma Camera Vendor:	Ø			

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø			
Mobile	Ø			

Lithotripsy Vendor/Owner: —

*Note: Now includes procedures done on portable equipment.

PMC.2013.00015935

PET-EX041B.0018

RECORD 005547

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	265
77404	Radiation treatment delivery (11-19 MeV)	31
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	22
77409	Radiation treatment delivery (11-19 MeV)	9
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	5,088
77414	Radiation treatment delivery (11-19 MeV)	6,211
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	5,272
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	225
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	384
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	131
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	13
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	1,291
	Total Procedures – Linear Accelerators	18,947
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	Ø

PMC.2013.00015936

PET-EX041B.0019

RECORD 005548

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .
Patients 1,537 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**

b. Total number of Linear Accelerator(s) 2

c. Number of Linear Accelerators configured for stereotactic radiosurgery 1 (Novalis)

d. Number of simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) 1

e. Number of CyberKnife® Systems: _____, Gamma Knife® _____
Other specialized Linear Accelerators _____
Identify Manufacturer of Equipment

12. Telemedicine

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

b. Does your facility read telemedicine images? Yes

13. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	9

b) **Hospice Inpatient Unit Data:**
Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00015937

PET-EX041B.0020

RECORD 005549

13. Additional Services: *continued*

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:
   Behavioral Health Center : CMC-Randolph
2. If address is different than the hospital, please indicate:
   501 Billingsley Rd Charlotte, NC 28211
3. Director of the above services.
   Laura J. Thomas

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

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

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	501 Billingsley					
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	501 Billingsley					
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center	501 Billingsley				14	14

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	501 Billingsley	10	12	22	44	66

PMC.2013.00015938
PET-EX041B.0021
RECORD 005550

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

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

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

PMC.2013.00015939

PET-EX041B.0022

RECORD 005551

Patient Origin - General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	14	37. Gates		73. Person	4
2. Alexander	81	38. Graham		74. Pitt	5
3. Alleghany	13	39. Granville	5	75. Polk	10
4. Anson	530	40. Greene	1	76. Randolph	23
5. Ashe	97	41. Guilford	75	77. Richmond	238
6. Avery	33	42. Halifax	2	78. Robeson	117
7. Beaufort		43. Harnett	8	79. Rockingham	12
8. Bertie		44. Haywood	21	80. Rowan	362
9. Bladen	2	45. Henderson	52	81. Rutherford	384
10. Brunswick	17	46. Hertford		82. Sampson	5
11. Buncombe	43	47. Hoke	12	83. Scotland	147
12. Burke	430	48. Hyde		84. Stanly	604
13. Cabarrus	1,138	49. Iredell	877	85. Stokes	5
14. Caldwell	220	50. Jackson	12	86. Surry	36
15. Camden		51. Johnston	2	87. Swain	12
16. Carteret	12	52. Jones		88. Transylvania	13
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	589	54. Lenoir	6	90. Union	2,817
19. Chatham	2	55. Lincoln	1,178	91. Vance	
20. Cherokee	7	56. Macon	13	92. Wake	84
21. Chowan	1	57. Madison	3	93. Warren	2
22. Clay	4	58. Martin		94. Washington	2
23. Cleveland	1,665	59. McDowell	70	95. Watauga	231
24. Columbus	15	60. Mecklenburg	25,514	96. Wayne	4
25. Craven	8	61. Mitchell	13	97. Wilkes	52
26. Cumberland	28	62. Montgomery	85	98. Wilson	2
27. Currituck		63. Moore	32	99. Yadkin	14
28. Dare	1	64. Nash	5	100. Yancey	8
29. Davidson	53	65. New Hanover	26		
30. Davie	8	66. Northampton		101. Georgia	77
31. Duplin	1	67. Onslow	4	102. South Carolina	5,239
32. Durham	12	68. Orange	4	103. Tennessee	47
33. Edgecombe		69. Pamlico		104. Virginia	108
34. Forsyth	47	70. Pasquotank		105. Other States	724
35. Franklin	4	71. Pender	3	106. Other	4
36. Gaston	2,496	72. Perquimans	1	**Total No. of Patients**	47,008

PMC.2013.00015940

PET-EX041B.0023

RECORD 005552

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	8	37. Gates		73. Person	
2. Alexander	47	38. Graham		74. Pitt	4
3. Alleghany	11	39. Granville	4	75. Polk	10
4. Anson	216	40. Greene	1	76. Randolph	19
5. Ashe	41	41. Guilford	27	77 Richmond	135
6. Avery	19	42. Halifax	1	78. Robeson	41
7. Beaufort		43. Harnett		79. Rockingham	8
8. Bertie		44. Haywood	10	80. Rowan	234
9. Bladen		45. Henderson	42	81. Rutherford	178
10. Brunswick	9	46. Hertford		82. Sampson	3
11. Buncombe	39	47. Hoke	6	83. Scotland	61
12. Burke	243	48. Hyde		84. Stanly	318
13. Cabarrus	641	49. Iredell	423	85. Stokes	4
14. Caldwell	124	50. Jackson	9	86. Surry	22
15. Camden		51. Johnston	1	87. Swain	5
16. Carteret	5	52. Jones		88. Transylvania	11
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	322	54. Lenoir	1	90. Union	1,235
19. Chatham	1	55. Lincoln	498	91. Vance	
20. Cherokee	6	56. Macon	11	92. Wake	42
21. Chowan	1	57. Madison	3	93. Warren	1
22. Clay	3	58. Martin	1	94. Washington	
23. Cleveland	746	59. McDowell	47	95. Watauga	88
24. Columbus	4	60. Mecklenburg	7,065	96. Wayne	
25. Craven	8	61. Mitchell	8	97. Wilkes	36
26. Cumberland	11	62. Montgomery	43	98. Wilson	1
27. Currituck		63. Moore	22	99. Yadkin	9
28. Dare	1	64. Nash	1	100. Yancey	5
29. Davidson	23	65. New Hanover	15		
30. Davie	4	66. Northampton		101. Georgia	32
31. Duplin	1	67. Onslow	4	102. South Carolina	2,511
32. Durham	5	68. Orange	1	103. Tennessee	33
33. Edgecombe		69. Pamlico		104. Virginia	104
34. Forsyth	28	70. Pasquotank		105. Other States	244
35. Franklin		71. Pender	1	106. Other	5
36. Gaston	1200	72. Perquimans	1	**Total No. of Patients**	17,395

PMC.2013.00015941

PET-EX041B.0024

RECORD 005553

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	
2. Alexander	34	38. Graham	2	74. Pitt	1
3. Alleghany	4	39. Granville		75. Polk	5
4. Anson	79	40. Greene		76. Randolph	3
5. Ashe	20	41. Guilford	18	77. Richmond	20
6. Avery	21	42. Halifax		78. Robeson	16
7. Beaufort	1	43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	19	80. Rowan	141
9. Bladen		45. Henderson	32	81. Rutherford	68
10. Brunswick	8	46. Hertford		82. Sampson	1
11. Buncombe	47	47. Hoke	1	83. Scotland	16
12. Burke	106	48. Hyde		84. Stanly	148
13. Cabarrus	521	49. Iredell	313	85. Stokes	4
14. Caldwell	58	50. Jackson	8	86. Surry	4
15. Camden		51. Johnston	1	87. Swain	2
16. Carteret	1	52. Jones		88. Transylvania	3
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	206	54. Lenoir		90. Union	1,252
19. Chatham		55. Lincoln	315	91. Vance	
20. Cherokee	3	56. Macon	2	92. Wake	26
21. Chowan		57. Madison	4	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	365	59. McDowell	25	95. Watauga	42
24. Columbus	5	60. Mecklenburg	7,826	96. Wayne	2
25. Craven		61. Mitchell	7	97. Wilkes	13
26. Cumberland	11	62. Montgomery	20	98. Wilson	3
27. Currituck		63. Moore	8	99. Yadkin	3
28. Dare		64. Nash	2	100. Yancey	3
29. Davidson	6	65. New Hanover	3		
30. Davie	10	66. Northampton		101. Georgia	20
31. Duplin		67. Onslow		102. South Carolina	1,084
32. Durham		68. Orange	4	103. Tennessee	9
33. Edgecombe		69. Pamlico		104. Virginia	28
34. Forsyth	17	70. Pasquotank		105. Other States	121
35. Franklin	1	71. Pender		106. Other	3
36. Gaston	1,007	72. Perquimans		**Total No. of Patients**	14,788

PMC.2013.00015942

PET-EX041B.0025

RECORD 005554

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

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

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander	15	38. Graham		74. Pitt	2
3. Alleghany	1	39. Granville		75. Polk	4
4. Anson	66	40. Greene	1	76. Randolph	3
5. Ashe	8	41. Guilford	12	77. Richmond	28
6. Avery	4	42. Halifax		78. Robeson	17
7. Beaufort		43. Harnett	1	79. Rockingham	2
8. Bertie		44. Haywood	8	80 Rowan	68
9. Bladen		45. Henderson	16	81. Rutherford	54
10. Brunswick	3	46. Hertford		82. Sampson	1
11. Buncombe	11	47. Hoke	1	83. Scotland	26
12. Burke	84	48. Hyde		84. Stanly	102
13. Cabarrus	198	49. Iredell	131	85. Stokes	
14. Caldwell	49	50. Jackson		86. Surry	6
15. Camden		51. Johnston		87. Swain	6
16. Carteret	1	52. Jones		88. Transylvania	1
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	93	54. Lenoir		90. Union	547
19. Chatham	2	55. Lincoln	21	91. Vance	
20. Cherokee	1	56. Macon	2	92. Wake	11
21. Chowan		57. Madison	2	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	217	59. McDowell	18	95. Watauga	11
24. Columbus		60. Mecklenburg	4,975	96. Wayne	1
25. Craven	2	61. Mitchell	1	97. Wilkes	7
26. Cumberland	5	62. Montgomery	15	98. Wilson	1
27. Currituck		63. Moore	2	99. Yadkin	5
28. Dare		64. Nash		100. Yancey	1
29. Davidson	13	65. New Hanover	3		
30. Davie	2	66. Northampton		101. Georgia	7
31. Duplin		67. Onslow	1	102. South Carolina	1,000
32. Durham	1	68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	20
34. Forsyth	8	70. Pasquotank		105. Other States	67
35. Franklin		71. Pender	2	106. Other	1
36. Gaston	508	72. Perquimans		**Total No. of Patients**	8,760

PMC.2013.00015943

PET-EX041B.0026

RECORD 005555

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Mecklenburg

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick	11	3	14						
Buncombe		21	21						
Burke		13	13						
Cabarrus	239	259	498						
Caldwell	29	6	35						
Camden									
Carteret									
Caswell									
Catawba	30	20	50						
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland	102	9	111						
Columbus									
Craven									
Cumberland		13	13						
Currituck									
Dare									
Davidson		11	11						
Davie		40	40						
Duplin									
Durham		6	6						
Edgecombe									
Forsyth		24	24						
Franklin									
Gaston	58	256	314						
Gates									
Graham									
Granville									
Greene									
Guilford		92	92						
Halifax									
Harnett		29	29						
Haywood	20		20						
Henderson		29	29						
Hertford									
Hoke									
Hyde									
Iredell	173	95	268						
Jackson									
Johnston		7	7						

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015944

PET-EX041B.0027

RECORD 005556

All responses should pertain to October 1, 2010 through September 30, 2011.

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Mecklenburg

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln	45	31	76						
Macon									
Madison									
Martin									
McDowell									
Mecklenburg	5,617	14,754	20,371						
Mitchell									
Montgomery	19	35	54						
Moore		10	10						
Nash									
New Hanover		14	14						
Northampton									
Onslow		5	5						
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person		9	9						
Pitt									
Polk									
Randolph		6	6						
Richmond									
Robeson									
Rockingham									
Rowan		28	28						
Rutherford		29	29						
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union	428	345	793						
Vance	9		9						
Wake		11	11						
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State	413	1,390	1,803						
TOTALS			24,813						

** Note: See counties: Alamance through Johnston on previous page.

PMC.2013.00015945

PET-EX041B.0028

RECORD 005557

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	10	37. Gates		73. Person	
2. Alexander	27	38. Graham	2	74. Pitt	
3. Alleghany	1	39. Granville	4	75. Polk	7
4. Anson	117	40. Greene		76. Randolph	14
5. Ashe	12	41. Guilford	23	77. Richmond	41
6. Avery	3	42. Halifax	1	78. Robeson	24
7. Beaufort		43. Harnett	3	79. Rockingham	4
8. Bertie		44. Haywood	4	80. Rowan	79
9. Bladen		45. Henderson	13	81. Rutherford	64
10. Brunswick	9	46. Hertford		82. Sampson	2
11. Buncombe	13	47. Hoke	4	83. Scotland	28
12. Burke	89	48. Hyde		84. Stanly	141
13. Cabarrus	340	49. Iredell	198	85. Stokes	1
14. Caldwell	57	50. Jackson	5	86. Surry	5
15. Camden		51. Johnston		87. Swain	1
16. Carteret	2	52. Jones		88. Transylvania	1
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	160	54. Lenoir	1	90. Union	929
19. Chatham		55. Lincoln	235	91. Vance	
20. Cherokee		56. Macon	2	92. Wake	14
21. Chowan		57. Madison	2	93. Warren	1
22. Clay		58. Martin		94. Washington	1
23. Cleveland	347	59. McDowell	11	95. Watauga	35
24. Columbus	4	60. Mecklenburg	7,542	96. Wayne	2
25. Craven	1	61. Mitchell		97. Wilkes	9
26. Cumberland	10	62. Montgomery	15	98. Wilson	1
27. Currituck		63. Moore	11	99. Yadkin	3
28. Dare	1	64. Nash	1	100. Yancey	
29. Davidson	160	65. New Hanover	8		
30. Davie	4	66. Northampton		101. Georgia	18
31. Duplin		67. Onslow	1	102. South Carolina	1,571
32. Durham	1	68. Orange	1	103. Tennessee	11
33. Edgecombe		69. Pamlico		104. Virginia	34
34. Forsyth	18	70. Pasquotank	2	105. Other States	140
35. Franklin		71. Pender		106. Other	2
36. Gaston	773	72. Perquimans		**Total No. of Patients**	13,292

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00015946

PET-EX041B.0029

RECORD 005558

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville	3	75. Polk	2
4. Anson	2	40. Greene		76. Randolph	1
5. Ashe	1	41. Guilford	10	77. Richmond	1
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	15
9. Bladen		45. Henderson		81. Rutherford	5
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke	4	48. Hyde		84. Stanly	13
13. Cabarrus	43	49. Iredell	22	85. Stokes	
14. Caldwell	2	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	15	54. Lenoir		90. Union	43
19. Chatham		55. Lincoln	33	91. Vance	
20. Cherokee		56 Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	1
22. Clay		58. Martin		94. Washington	
23. Cleveland	31	59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	1,041	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	5		
30. Davie		66. Northampton	2	101. Georgia	
31. Duplin		67. Onslow	1	102. South Carolina	94
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth	1	70. Pasquotank		105. Other States	12
35. Franklin	1	71. Pender		106. Other	
36. Gaston	79	72. Perquimans		**Total No. of Patients**	1,537

PMC.2013.00015947

PET-EX041B.0030

RECORD 005559

Patient Origin – PET Scanner

Facility County: Mecklenburg

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	4	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	19	40. Greene		76. Randolph	
5. Ashe	2	41. Guilford	2	77. Richmond	8
6. Avery	13	42. Halifax		78. Robeson	4
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	17
9. Bladen		45. Henderson	2	81. Rutherford	19
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	6
12. Burke	15	48. Hyde		84. Stanly	43
13. Cabarrus	93	49. Iredell	62	85. Stokes	
14. Caldwell	8	50. Jackson	2	86. Surry	2
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	42	54. Lenoir		90. Union	257
19. Chatham		55. Lincoln	123	91. Vance	
20. Cherokee		56. Macon	2	92. Wake	6
21. Chowan		57. Madison		93. Warren	2
22. Clay		58. Martin		94. Washington	
23. Cleveland	68	59. McDowell	2	95. Watauga	4
24. Columbus		60. Mecklenburg	1,561	96. Wayne	
25. Craven		61. Mitchell	2	97. Wilkes	
26. Cumberland		62. Montgomery	8	98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson	2	65. New Hanover	4		
30. Davie		66. Northampton	2	101. Georgia	4
31. Duplin		67. Onslow		102. South Carolina	595
32. Durham		68. Orange		103. Tennessee	6
33. Edgecombe		69. Pamlico		104. Virginia	8
34. Forsyth	2	70. Pasquotank		105. Other States	23
35. Franklin		71. Pender		106. Other	
36. Gaston	172	72. Perquimans		Total No. of Patients	3,222

PMC.2013.00015948

PET-EX041B.0031

RECORD 005560

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2012 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Suzanne H. Freeman **Date:** 11/30/2011

PRINT NAME OF APPROVING OFFICIAL Suzanne H. Freeman

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

PMC.2013.00015949

PET-EX041B.0032

RECORD 005561

Date: 05/21/2012 2011 Hospital : DHEC ADMIN

Instructions/Definitions | Admin Page | Log Out

WARNING!
If you do not click the VALIDATE AND SAVE button at the bottom of this page before logging out or closing this page, any changes that you have made will be lost!
Please use your TAB key to move through the fields of this report.
This report is designed to be printed using the Portrait orientation with all print margins set to 0.25 inches.
Please check your Page Setup before printing.

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: CONWAY HOSPITAL INC
Name of Operating Authority: CONWAY HOSPITAL, INC., D/B/A CONWAY MEDICAL CENTER
Building Ownership: CONWAY HOSPITAL, INC.
Name of Person Completing Form: WENDY CAUSEY
Email Address of Person Completing Form: WCAUSEY@CMC-SC.COM
Phone: 843-347-8037
Chief Administrative Officer: PHILIP A. CLAYTON

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SCHEDULE B: CLASSIFICATION

Definition

Petitioner's Trial Exhibit 044A

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX**.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
○ No Response			
○ State	○ Church-Operated	○ Individual	○ Air Force
○ County	● Other not-for-profit (including NFP Corporation)	○ Partnership	○ Army
○ City		○ Corporation	○ Navy
○ City, County		○ Limited Liability Corp.	○ Public Health Service
○ Hospital District or Authority			○ Veterans Administration
			○ PHS Indian Service
			● Department of Justice
			○ Federal other than above

B2. SERVICE

Indicate the **ONE** category that best describes your hospital or the type of service it provides to the **MAJORITY** of patients. **CHECK ONLY ONE BOX**.

- ○ No Response
- ● General Medical and Surgical
- ○ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ○ Hospital Unit in an Institution for the Mentally Retarded
- ○ Surgical
- ○ Psychiatric
- ○ Obstetrics and Gynecology
- ○ Tuberculosis and Other Respiratory Diseases
- ○ Cancer
- ○ Heart
- ○ Acute long-term care hospital
- ○ Ear, Eye, Nose and Throat
- ○ Rehabilitation
- ○ Orthopedic
- ○ Chronic Disease
- ○ Institution for Mentally Retarded
- ○ Alcoholism and Other Chemical Dependency
- ○ Other (Specify Treatment Area):

B3. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated (arranged) within a general acute care hospital

○ Free standing LTCH ○ LTCH collocated (arranged) in a general acute care ● No Response

If you are collocated (arranged) in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B4. Does the hospital itself operate subsidiary corporations?

● Yes ○ No ○ No Response

B5. Is the hospital contract managed?

○ Yes ◉ No ○ No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:
City:
State:

B6. Is your hospital a participant in a network?

○ Yes ◉ No ○ No Response

If YES, please provide the name, address, and telephone for the network. If the hospital participates in more than one network, please provide the information for your additional networks in the comments section.

Name:
Address:
City:
State:
Zip:
Phone:

B7. Does the hospital participate in a group purchasing arrangement?

◉ Yes ○ No ○ No Response

If YES, please provide the name, city, state, and telephone of the group purchasing organization. If the hospital participates in more than one group purchasing organization please provide in the comment section at the end of the report.

Name: Premier Purchasing, Inc.
City: San Diego
State: SC
Phone: 877-777-1552

B8. Does the hospital purchase medical/surgical supplies directly through a distributor? If yes, please provide the name of the distributor?

◉ Yes ○ No ○ No Response Name of Distributor: Medline Industries

B9. Who is your accrediting body?

DNV

B10. Does your hospital have a web site?

◉ Yes ○ No ○ No Response

If YES, please provide the address: www.conwaymedicalcenter.com

B11. Does your hospital carry any of the following Medicare:

a) Rural area designations?
- ☐ Critical Access Hospital
- ☐ Sole Community Hospital
- ☐ Medicare Dependent Hospital

☐ Rural Referral Center
☑ None of the Above

b) Teaching designations?
○ Major Teaching Hospital
○ Minor Teaching Hospital
◉ Not Applicable

B12. Is your hospital a Medicare DSH Hospital?

◉ Yes ○ No ○ No Response

B13. Is your hospital owned in whole or in part by physicians or a physician group?

○ Yes ◉ No ○ No Response

B14. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

◉ Yes ○ No ○ No Response

If YES, please report the ten-digit NPI: 1134172000

b. Does your hospital also have a Subpart NPI?

○ Yes ◉ No ○ No Response

If YES, please report the Subpart NPI, provide the relevant taxonomy code to indicate the type of service provided and select the appropriate State licensure type.
If you possess more than six subpart NPIs, report those associated with freestanding facilities requiring state licensure (e.g. Ambulatory Surgery Facility, Home Health, Hospice, Hospital, Nursing Home, RTF, etc.) first, and all remaining NPI subparts (number only) may be recorded in comments section.

State Licensure Type	Subpart NPI	Taxonomy Code
-		- None
-		- None
-		- None
-		- None
-		- None
-		- None

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SCHEDULE C: REPORTING PERIOD

Definition

C1. Indicate reporting period used:

Begin Date (MMDDYY): 100110 End Date (MMDDYY): 093011
Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

◉ Yes ○ No ○ No Response Number of days open:

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 100111 *

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SCHEDULE D: FACILITIES AND SERVICES

Definition

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Your responses from 2010 (if 2011 not entered) or 2011 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	☑	☐	☐	☐
2. Pediatric medical-surgical care	☑	☐	☐	☐
3. Obstetrics: Level of Unit 2	☑	☐	☐	☐
4. Medical surgical intensive care	☑	☐	☐	☐
5. Cardiac intensive care	☐	☐	☐	☐
6. Neonatal intensive care	☐	☐	☐	☐
7. Neonatal intermediate care	☐	☐	☐	☐
8. Pediatric intensive care	☐	☐	☐	☐
9. Burn care	☐	☐	☐	☐
10. Other special care Specify: # of beds:	☐	☐	☐	☐
11. Other intensive care Specify: # of beds:	☐	☐	☐	☐
12. Physical Rehabilitation	☑	☐	☐	☐
13. Alcoholism-drug abuse or dependency care	☐	☐	☐	☐
14. Psychiatric care	☐	☐	☐	☐
15. Skilled nursing care	☑	☐	☐	☐
16. Intermediate nursing care	☐	☐	☐	☐
17. Acute long-term care	☑	☐	☐	☐
18. Other long-term care # of beds:	☐	☐	☐	☐

	Owned or provided by my	Provided through a formal contractual agreement or joint venture with	Provided by my	Provided by my Health System (in

Service Area	hospital or its subsidiary (1)	another provider that is not in my system or network (in my local community) (2)	network (in my local community) (3)	my local community) (4)
19. Other care				
Specify:	☐	☐	☐	☐
# of beds:				
20. Adult day care program	☐	☐	☐	☐
21. Airborne infection isolation room				
# of rooms: 22	☑	☐	☐	☐
22. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
23. Alzheimer Center	☐	☐	☐	☐
24. Ambulance services	☐	☐	☐	☐
25. Ambulatory surgery center	☑	☐	☐	☐
26. Arthritis treatment center	☐	☐	☐	☐
27. Assisted living	☐	☐	☐	☐
28. Auxiliary	☑	☐	☐	☐
29. Bariatric/weight control services	☑	☐	☐	☐
30. Birthing room - LDR room - LDRP room	☑	☐	☐	☐
31. Blood Donor Center	☐	☐	☐	☐
32. Breast cancer screening/mammograms	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
33. Cardiology services				
a. Adult Cardiology services	☑	☐	☐	☐
b. Pediatric Cardiology services	☐	☐	☐	☐
c. Adult diagnostic catheterization	☑	☐	☐	☐
d. Pediatric diagnostic catheterization	☐	☐	☐	☐
e. Adult interventional cardiac catheterization	☐	☐	☐	☐
f. Pediatric interventional cardiac catheterization	☐	☐	☐	☐
g. Adult cardiac surgery	☐	☐	☐	☐
h. Pediatric cardiac surgery	☐	☐	☐	☐
i. Adult cardiac electrophysiology	☑	☐	☐	☐
j. Pediatric cardiac electrophysiology	☐	☐	☐	☐
k. Cardiac rehabilitation	☑	☐	☐	☐
34. Case management	☑	☐	☐	☐
35. Chaplaincy/pastoral care services	☑	☐	☐	☐
36. Chemotherapy	☐	☐	☐	☐
37. Children's wellness program	☐	☐	☐	☐
38. Chiropractic services	☐	☐	☐	☐
39. Community outreach	☑	☐	☐	☐
40. Complementary and alternative medicine services	☐	☐	☐	☐

41. Computer assisted orthopedic surgery (CAOS)	☐	☐	☐	☐
42. Crisis prevention	☐	☐	☐	☐
43. Dental services	☐	☐	☐	☐
44. Emergency services				
a. Emergency department	☑	☐	☐	☐
b. Pediatric emergency department	☐	☐	☐	☐
c. Satellite Emergency Department	☐	☐	☐	☐
d. If you checked column 1 (44c), is the department open 24 hours a day, 7 days a week?		Yes ☐	No ☐	No Response ☐
e. Trauma center (certified). Level of unit (1-3):	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
45. Enabling services	☐	☐	☐	☐
46. End of life service				
a. Hospice program	☐	☐	☐	☐
b. Pain management program	☐	☐	☐	☐
c. Palliative care program	☐	☐	☐	☐
d. Inpatient palliative care unit	☐	☐	☐	☐
47. Endoscopic services				
a. Optical colonoscopy	☐	☐	☐	☐
b. Endoscopic ultrasound	☐	☐	☐	☐
c. Ablation of Barret's esophagus	☐	☐	☐	☐
d. Esophageal impedance study	☐	☐	☐	☐
e. Endoscopic retrograde cholangiopancreatography (ERCP)	☐	☐	☐	☐
48. Enrollment (insurance) assistance services	☐	☐	☐	☐
49. Extracorporeal shock wave lithotripter (ESWL)	☐	☐	☐	☐
50. Fitness center	☐	☐	☐	☐
51. Freestanding outpatient care center	☐	☐	☐	☐
52. Geriatric services	☐	☐	☐	☐
53. Health fair	☐	☐	☐	☐
54. Community Health Education	☐	☐	☐	☐
55. Health screenings	☐	☐	☐	☐
56. Health research	☐	☐	☐	☐
57. Hemodialysis	☐	☐	☐	☐
58. HIV-AIDS services	☐	☐	☐	☐
59. Home health services	☐	☐	☐	☐
60. Hospital-based outpatient care center-services	☐	☐	☐	☐
61. Immunization program	☐	☐	☐	☐
62. Indigent care clinic	☐	☐	☐	☐

Provided through a formal

Service Area	Owned or provided by my hospital or its subsidiary (1)	contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
63. Linguistic/translation services	☑	☐	☐	☑
64. Meals on wheels	☐	☐	☐	☐
65. Mobile Health Services	☑	☐	☐	☐
66. Neurological services	☐	☐	☐	☐
67. Nutrition programs	☑	☐	☐	☐
68. Occupational health services	☑	☐	☐	☐
69. Oncology services	☐	☐	☐	☐
70. Orthopedic services	☑	☐	☐	☐
71. Outpatient surgery	☑	☐	☐	☐
72. Patient Controlled Analgesia (PCA)	☑	☐	☐	☐
73. Patient education center	☑	☐	☐	☐
74. Patient representative services	☑	☐	☐	☐
75. Physical rehabilitation services				
a. Assistive technology center	☐	☐	☐	☐
b. Electrodiagnostic services	☐	☐	☐	☐
c. Physical rehabilitation outpatient services	☑	☐	☐	☐
d. Prosthetic and orthotic services	☑	☐	☐	☐
e. Robot-assisted walking therapy	☐	☐	☐	☐
f. Simulated rehabilitation environment	☐	☐	☐	☐
76. Primary care department	☐	☐	☐	☐
77. Psychiatric services				
a. Psychiatric child-adolescent services	☑	☐	☐	☑
b. Psychiatric consultation-liaison services	☑	☐	☐	☐
c. Psychiatric education services	☐	☐	☐	☐
d. Psychiatric emergency services	☐	☐	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
h. Psychiatric residential treatment	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
78. Radiology, diagnostic				
a. CT Scanner	☑	☐	☐	☑
b. Diagnostic radioisotope facility	☐	☐	☐	☐
c. Electron Beam Computed Tomography (EBCT)	☐	☐	☐	☐
d. Full-field digital mammography (FFDM)	☑	☐	☐	☑

e. Magnetic resonance imaging (MRI)	☑	☐	☐	☐
f. Intraoperative magnetic resonance imaging	☐	☐	☐	☐
g. multi-slice spiral computed tomography (<64+ slice CT)	☑	☐	☐	☐
h. multi-slice spiral computed tomography (64+ slice CT)	☑	☐	☐	☐
i. Positron emission tomography (PET)	☐	☐	☐	☐
j. Positron emission tomography/CT (PET/CT)	☐	☑	☐	☐
k. Single photon emission computerized tomography (SPECT)	☑	☐	☐	☐
l. Ultrasound	☑	☐	☐	☐
79. Radiology, therapeutic	☐	☐	☐	☐
a. Image-guided radiation therapy (IGRT)	☐	☐	☐	☐
b. Intensity-Modulated Radiation Therapy (IMRT)	☐	☐	☐	☐
c. Proton beam therapy	☐	☐	☐	☐
d. Shaped Beam Radiation System	☐	☐	☐	☐
e. Stereotactic radiosurgery	☐	☐	☐	☐
80. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
81. Retirement housing	☐	☐	☐	☐
82. Robotic surgery	☐	☐	☐	☐
83. Rural Health Clinic	☐	☐	☐	☐
84. Sleep Center	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
85. Social work services	☑	☐	☐	☐
86. Sports medicine	☐	☐	☐	☐
87. Support groups	☑	☐	☐	☐
88. Swing bed services	☐	☐	☐	☐
89. Teen outreach services	☐	☐	☐	☐
90. Tobacco treatment/cessation program	☑	☐	☐	☐
91. Transplant services				
a. Bone marrow transplant services	☐	☐	☐	☐
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐
d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
92. Transportation to health services	☐	☐	☐	☐
93. Urgent care center	☐	☐	☐	☐
94. Virtual colonoscopy	☑	☐	☐	☐
95. Volunteer services department	☑	☐	☐	☐
96. Women's health center/services	☑	☐	☐	☐

97. Wound Management Services

D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2010	2011
1. Adult Open-Heart Surgical Operations	0	0
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	0	0

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. **If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.**

Codes for Diagnostic Catheterizations	ICD-9-CM codes referring to Therapeutic Catheterizations
37.21 Right Heart Cardiac Catheterization	00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
37.22 Left Heart Cardiac Catheterization	35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
37.23 Combined Right and Left Heart Cardiac Catheterization	35.96 Percutaneous Valvuloplasty
	36.06 Insertion of Coronary Artery Stent(s)
	36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
	36.09 Other Removal of Coronary Artery Obstruction?
	37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

# of Mobile Labs: 0 **# of Fixed Labs:** 1

Patients	Adult		Pediatric	
	2010 Reported	2011	2010 Reported	2011
Diagnostic, Total	621	584	0	0
Inpatient	448	400	0	0
Outpatient	173	184	0	0
Therapeutic, Total	0	0	0	0
Inpatient	0	0	0	0
Outpatient	0	0	0	0
All Other, Total	244	360	0	0
Inpatient	77	88	0	0
Outpatient	167	292	0	0

Note: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. Magnetic Resonance Imaging

# of Mobile Unit: 0 **# of Fixed Units:** 1

	# of Procedures 2010	# of Procedures 2011
Inpatient	877	840
Outpatient	2167	2121
Total	3044	2961

D. PET Scanner (Include PET CT, report PET procedures only)

# of Mobile Unit: 1 **# of Fixed Units:** 0

	# of Procedures 2010	# of Procedures 2011
Inpatient	0	0
Outpatient	95	113
Total	95	113

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	0	0	0
2011	0	0	0
2. Gamma Knife			
2010	0	0	0
2011	0	0	0

*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	8	8	2961	2666	3292	3413	6079
Cystoscopy	0	0	39	34	30	31	65
Endoscopy	6	6	847	897	3528	3989	4886
Other	0	0	0	0	0	0	0
TOTAL	14	14	3847	3597	6850	7433	11030

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: 210

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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 2010	Beds Set Up and Staffed 2011	Admissions (Exclude Births) 2010	Admissions (Exclude Births) 2011	Discharges: Include Deaths (Exclude Newborns) 2010	Discharges: Include Deaths (Exclude Newborns) 2011	Total Patient Days Care (Exclude Newborns) 2010	Total Patient Days Care (Exclude Newborns) 2011
Acute and Subacute Care								
Adult Medical/Surgical	102	102	5575	4425	6192	5168	24212	23092
Obstetrical Level of Unit:	16	16	1526	1521	1387	1345	3217	3174
Pediatric	18		479		680		1436	

Medical/Surgical		18		428		620		1388
Psychiatric - Total								
Age 0 to 64								
Age 65 and Older								
Rehabilitation - Total								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Detoxification)								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Inpatient)								
Age 0 to 64								
Age 65 and Older								
Other Please Specify:								
Unassigned								
Intensive Care								
Medical/Surgical (ICU)	32	32	1360	1629	720	906	5468	5823
Cardiac (CCU)								
Pediatric								
Other Please Specify:								
Grand Total (Acute and Intensive Care)	168	168	8940	8003	8979	8039	34334	33477
Age 0 to 64			5847	5123	5866	5145	19242	18412
Age 65 and Older			3093	2881	3113	2894	15092	15065

	2010	2011
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	34334	33477
C. Number of Patients in Hospital on last day of reporting period	115	102
D. Medicare/Medicaid/MIAP Utilization		
- **Required by March 31, 2011 by S.C. Medically Indigent Assistance Act.** - Exclude newborns, swing beds, Medicaid admin. days and observation patients.		
1a. Total Medicare Inpatient Discharges - Title XVIII (include Managed Care)	3889	3689
1b. How many Medicare inpatient discharges were Medicare Managed Care?	409	387
2a. Total Medicare Inpatient Days (include Managed Care)	18670	18483
2b. How many Medicare inpatient days were Medicare Managed Care?	1880	2261
3a. Total Medicaid Inpatient Discharges - Title XIX (include Managed Care)	1886	1709
3b. How many Medicaid inpatient discharges were Medicaid Managed Care?	989	1040
4a. Total Medicaid Inpatient Days (include Managed Care)	5750	5562
4b. How many Medicaid inpatient days were Medicaid Managed Care?	2724	3127
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	285	229
6. Total S.C. MIAP Inpatient Days	1241	1134

F2. Nursing Home Care

Facility Name(s) Kingston Nursing Center

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit				
B. Free-Standing on Hospital Campus	88	88		29914
C. Free-Standing off Campus				

F3. Residential Treatment Center For Children And Adolescents

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents				

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds:

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds						

F5. Medicaid Administrative Days Program

Admissions: 0 Patient Days: 0

F6. Observation Patients

Patients: 3613

F7. Obstetrics Unit

(for the reporting period)
Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2010 Reported	2011
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms	0	0
2. Number of Delivery Rooms	1	1
3. Number of LDR Rooms	7	7
4. Number of LDRP Rooms	0	0
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	25	25
2. Number of Newborn Patient Days	2823	2973
C. Birth and Death Records		
1. Number of Infants Born Alive	1252	1246

2. Number of Deaths of Infants Born Alive	5	3
3. Number of Fetal Deaths (Still-born)	10	5

D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2010 Reported	0	0	0	0	0
2011	0	0	0	0	0
Intermediate Care					
2010 Reported	6	0	77	57	446
2011	6	0	103	70	457
Continuing Care Care					
2010 Reported	0	0	0	0	0
2011	0	0	0	0	0

	2010 Reported	2011
Total Neonatal Special Care Patient Days	446	457

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SCHEDULE G: OUTPATIENT UTILIZATION

Definition

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
- **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
- **(1) Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
- **(2) Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
- **(3) Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service. For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes ◉ No ○ No Response ○

G2. Indicate emergency department category (if applicable for your facility):

Agency (TJC,DNV,,Other): DNV
Level:

G3. Indicate level of unit # for certified trauma department:

Level of unit #:
Source of designation (check all that apply):
- ☐ American College of Surgeons
- ☐ State/Local Government
- ☐ Self Designation

G4. Which of the following best describes the type of triage system your emergency Department uses on a daily basis to determine which patients can wait to be seen and which need to be seen immediately:

- ○ Three (3) level system (emergent, urgent, non urgent, red, yellow, green)
- ○ Four (4) level system (emergent, unstable urgent, stable urgent, non-urgent)
- ◉ Five (5) level Emergency Severity Index (ESI)
- ○ Five (5) level system (Australasian, Manchester or Acuity Scale)
- ○ Other (please specify) _____
- ○ Don't know

G5.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgeries reported in Schedule D) (3)
	2010 reported	2011		
A. Visits (Total sum of 1, 2)*	46276	45860		
1. Non-Emergency Visits	17448	16895		
2. True Emergency Visits	28828	28965		
B. Visits Resulting in Admission to Hospital	7462	6775		

*Required by March 31, 2012 by S.C. Medically Indigent Assistance Act.

G6. In terms of location, your ambulatory care programs are:

(check all that apply):

- ☑ Within the hospital
- ☑ On hospital campus in a freestanding center
- ☑ Freestanding off campus
- ☐ No ambulatory care

G7. In terms of ownership, your ambulatory care programs are:

(check all that apply):

- ☑ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☑ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: HOSPITAL EMPLOYEES AS OF THE LAST DAY OF THE REPORTING PERIOD

Definition

H1. Hospital Employees:

- Information is requested on the total number of employees of the hospital 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 posted vacancies, should be consistent with payroll expenses reported on the

Financial Data Report.

- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- Do not include nursing home staff on this page.
- If there are staff positions that are shared between the hospital, a physician practice and nursing home, please record these staff as part-time employees.
- Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.
- Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number
- Hours Reporting: for Full time, Part time, and Contract columns report hours as total hours accumulated over the reporting period (annual hours). For Posted Vacancies, report anticipated annual hours for the positions. (for example: Two, twenty hour per week part time Laboratory Techs each would have anticipated annual hours of 2x20x52= 2080)
- **Please round all values to the nearest whole number, do not enter commas or decimals as this will result in a loss of data.**

Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Administrative										
Hospital Administrator (CEO)	1	2080								
Assistant Hospital Administrators										
Chief Medical Officer (Medical Director)	1	2080								
Chief Nursing Officer	1	2080								
Chief Operating Officer										
Chief Financial Officer	1	2080								
Other Administrators	6	12480								

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours

process.

Physicians and Dentists

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees "AHA Required"	Hours	Employees "AHA Required"	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Physicians										
Anesthesiologists										
Pathologists					3	1560				
Psychiatrists										
Radiologists										
Physician Hospitalists					17	70				
Intensivists										
Medical-surgical intensive care										
Cardiac intensive care										
Neonatal intensive care										
Pediatric intensive care										
Other intensive care										
ER Physicians					12	456				
All other physicians					6	500				
Medical Interns and Residents										
Dentists										
Dental Interns and Residents										
Physicians Assistants										

Nursing Care

APRN										
Clinical Nurse Specialists - CNS	14	33636	1	1734						
Certified Registered Nurse Anesthetist - CRNA										
Certified Nurse Midwife - CNM										
Other Nurse Practitioner - NP										
Registered Nurses										

(excluding the above categories)	252	472911	85	81871	3	5908	1		4	
Licensed Practical/Vocational Nurses	14	24866	1	246						
Nursing Assistive Care										
Nursing Aides, Orderlies, Attendants	93	174846	45	39928			1			
Unit Clerk	19	41692	2	1343						
Employed sitters	4	7133	1	1610						
Other Nursing Assistive Personnel										
Pharmacy										
Manager/Supervision	2	4225								
Pharmacists, licensed	8	16975	2	1020						
Pharmacy Technicians	8	15227	4	1762						
Pharmacy, non-technical										

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Ancillary										
Radiology										
Manager/Supervision (non-physician)	5	10612								
MRI Technicians	9	19021	2	499						
CT Technicians	3	5956								
X-ray Technicians	15	30863	7	1936						
Other Radiology Technicians	4	8633	2	1592						
Radiology non-technical	8	16165								
Cath Lab										
Manager/Supervision (non-physician)	1	2080								
Cath Lab Technicians	1	1344								
Cath Lab non-technical										
Dialysis										
Manager/Supervision (non-physician)										
Dialysis Technicians										
Dialysis non-technical										
Laboratory										
Manager/Supervision	2	4360								

(non-physician)										
Laboratory Technicians	22	21715	3	2102			1			
Laboratory non-technical	14	25091	2	2978						
EKG/EEG										
Manager/Supervision (non-physician)										
EKG/EEG Technicians										
EKG/EEG non-technical										
Respiratory										
Manager/Supervision (non-physician)										
Respiratory Therapists					18	36145				
Respiratory non-technical										
Rehabilitation										
Manager/Supervision (non-physician)	1	2080								
Occupational Therapists	2	4357	1	1364						
Physical Therapists	12	25618	1	421						
Speech Therapists										
Rehabilitation non-technical	2	1103								
All Other Health Professionals and Technical Personnel	17	33019	6	2527	2	85				
Non-Health										
Informational Technology	13	26877			2	413				
All Other Non-Health Professionals and Technical Personnel	29	60320			2	2179				
All Other Non-Health Non-Technical Personnel	232	504423	83	57168	4	7056	1		1	
Total										
Total Hospital Personnel	816	1615746	248	200101	69	54372	4		5	

H2. Privileged Physicians

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital:

	Total Employed	Total Individual Contract	Total Group Contract	Not Employed or Under Contract	Total Privileged
a. Primary care (General practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	11	0	0	27	38
b. Hospitalist	0	0	17	0	0
c. Intensivist	0	0	0	0	0
d. Radiologist/pathologist/anesthesiologist	0	0	24	1	25
e. Emergency medicine	0	0	12	0	12
f. Other specialist	7	0	0	88	95
g. Total	18	0	53	116	187

H3. Hospitalists

Do hospitalists care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

H4. Intensivists

Do intensivists provide care for patients in your hospital? ○ Yes ◉ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Indicate below whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

Medical surgical intensive care: ○ Yes ○ No ○ No Response
Cardiac intensive care: ○ Yes ○ No ○ No Response
Neonatal surgical intensive care: ○ Yes ○ No ○ No Response
Pediatric intensive care: ○ Yes ○ No ○ No Response
Other intensive care: ○ Yes ○ No ○ No Response

H5. Advanced Practice Registered Nurses / Physician Assistants

Do advanced practice registered nurses or physician assistants provide care for patients in your hospital?
Advanced Practice Registered Nurses ◉ Yes ○ No ○ No Response
Physicians Assistants ○ Yes ◉ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Please indicate the type of service the nurses provide (Please check all that apply).

Service	Advanced Practice Registered Nurses	Physicians Assistants
Anesthesia services (APRNS much be a certified registered nurse anesthetist))	☑	☐
Case management	☐	☐
Emergency department care	☑	☐
Patient education	☐	☐
Primary care	☑	☐
OB/Neonatal	☐	☐
Quality	☐	☐
Other specialty care	☐	☐
Other	☐	☐

H6. Baylor Type Nursing Positions

Does your Facility have Baylor Type nursing positions? ○ Yes ◉ No ○ No Response

If yes,

Are they considered: ○ Full-time ○ Part-time ◉ No Response
Are they eligible to recieve benefits? ○ Yes ○ No ◉ No Response

H7. Foreign Educated Nurses

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2011 vs. 2010?
More ○ Less ○ Same ○ Did not hire foreign nurses ◉
b. From which countries/continents are you recruiting foreign-educated nurses? (CHECK ALL THAT APPLY)

Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

H8. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

Number of New RN Graduates: 12

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SCHEDULE I: PHYSICIAN ARRANGEMENTS

Definition

I1. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ◉ No ○ No Response ○

I2. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ○ No ◉ No Response ○

I3a. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	My Hospital	Number of Physicians	My Health Network	My Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐		☐	☑
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐
I. Other (please specify):	☐		☐	☐

I3b. Looking across all the relationships identified in question I2a (above), what is the total number of physicians (count each physician only once) that are engaged in

an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level)?

Number of physicians:

I4. JOINT VENTURES

a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
Yes ◉ No ○ No Response ○

b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (check all that apply)
- ☐ Limited Service Hospital
- ☑ Ambulatory Surgical Centers
- ☐ Imaging Centers
- ☐ Other

c. If you selected "Limited Service Hospital", please tell us what type(s) of services are provided:
- ☐ Cardiac
- ☐ Orthopedic
- ☐ Surgical
- ☐ Other

d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?
Yes ◉ No ○ No Response ○

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SCHEDULE J: PAYER ARRANGEMENTS

Definition

J1. Has your hospital or health care system established, or in the process of establishing, an accountable care organization (ACO)?

Yes - Established ○ Yes - In Progress ○ No ◉ No Response ○

If yes, please indicate the patient population that participates (or will participate) in the ACO.

Check all that apply	Yes/No	Name	Covered Lives
Medicaid	○ Yes ◉ No		
Medicare	○ Yes ◉ No		
Privately Insured	○ Yes ◉ No		
Other, please specify	○ Yes ◉ No		

J2. Does your hospital have an established medical home program?

○ Yes ◉ No ○ No Response

J3. Does your hospital, health system or health network have an equity interest in any of the following insurance products?

(Check all that apply). ** *Contractual relationships with HMOs and PPOs should not be reported here but in question J2.*

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:	My Hospital	My Health System	My Health Network	Joint Venture with Insurer
A. Health Maintenance Organization	☑	☐	☐	☐
B. Preferred Provider Organization	☑	☐	☐	☐
C. Indemnity Fee for Service Plan	☑	☐	☐	☐

J4. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) Yes ◉ No ○ No Response ○
How many contracts? 4
Preferred Provider Organization (PPO) Yes ◉ No ○ No Response ○
How many contracts? 11

J5. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0".) Percent: 0 %

J6. What percentage of the hospital's net revenue is paid on a shared risk basis?

Percent: 0 %

J7. What is the percent of Bad debt recoveries from Self Pay accounts receivable?

Percent: 6 %

J8. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?

Yes ○ No ◉ No Response ○

J9. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

Lives Covered:

SCHEDULE K: COMMUNITY ORIENTATION

Definition

K1. Community Benefit

1. Does your hospital's mission statement include a focus on community benefit? Yes ◉ No ○ No Response ○

2. Does your hospital have a long-term plan for improving health in the community?	Yes ◉	No ○	No Response ○
3. Does your hospital have a specific budget for its community benefit activities?	Yes ◉	No ○	No Response ○
4. Does your hospital have dedicated staff to manage community benefit activities?	Yes ◉	No ○	No Response ○
5. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)?	Yes ◉	No ○	No Response ○
6. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital?	Yes ◉	No ○	No Response ○
7. Does your hospital partner with your local school system to offer health and wellness programs to help your community?	Yes ◉	No ○	No Response ○
8. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	Yes ◉	No ○	No Response ○
9. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	Yes ◉	No ○	No Response ○
10a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	Yes ○	No ◉	No Response ○
10b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community?	Yes ◉	No ○	No Response ○
11. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	Yes ◉	No ○	No Response ○
12. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	Yes ◉	No ○	No Response ○
13. Does your hospital self-assess against Baldridge like criteria for sustained continuous improvement?	Yes ○	No ◉	No Response ○

K2. Diversity, Language and Leaders

1. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	Yes ◉	No ○	No Response ○
2. Does your hospital gather information on a patient's language at any point during their stay?	Yes ◉	No ○	No Response ○
3. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan?	Yes ◉	No ○	No Response ○
4. Does your hospital educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?	Yes ◉	No ○	No Response ○
5. Does your hospital require all employees to attend diversity training?	Yes ◉	No ○	No Response ○
6. Does the hospital's strategic plan include goals for improving quality of care of culturally and linguistically-diverse patient population?	Yes ◉	No ○	No Response ○
7. Does your hospital or health system currently have or plan to develop, execute or evaluate a leadership development program?	Yes ◉	No ○	No Response ○
8. Does your hospital or health system engage in leadership succession planning?	Yes ◉	No ○	No Response ○
9. Does your hospital or health system currently provide career development resources to administrators?	Yes ◉	No ○	No Response ○

K3. Other

Does your hospital provide services through one or more satellite facilities? Yes ○ No ◉ No Response ○

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SCHEDULE L: INFORMATION TECHNOLOGY

Definition

L1. Does your hospital have an electronic health record?

○ Yes, fully implemented ◉ Yes, partially implemented
○ No (if no, answer "No" to all of Question L2) ○ No Response

L2. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	○	○	◉	○
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	○	◉	○	○
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	○	◉	○	○
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	○	○	◉	○

L3. Does your Hospital store electronic laboratory tests in standard formats (LOINC/SNOMED)?

◉ Yes, fully implemented ○ Yes, partially implemented ○ No ○ No Response

L4. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	○	○	○	○	○	◉
2. Routinely order laboratory or other tests electronically?	○	○	○	○	○	◉

L5. Do you plan to attest as a Meaningful User of certified EHR technology and if so, in what federal fiscal year (FFY) will you achieve meaningful use for the first time?

○ Yes, attested in FFY 2011 (by Sep 30, 2011)
◉ Yes, in FFY 2012 (by Sep 30, 2012)
○ Yes, in FFY 2013 (by Sep 30, 2013)
○ Yes, by FFY 2015 (by Sep 30, 2015)
○ Not planning to attest
○ Not eligible for either Medicare or Medicaid EHR incentives
○ Do Not Know

Note: To qualify as a meaningful user for Medicare and Medicaid, a hospital must (1) possess EHR technology certified against all 24 objectives of meaningful use; (2) meet each of 14 "core" objectives of meaningful use, at least 1 public health objective, and at least 4 additional "menu set" objectives; and (3) report on each of 15 clinical quality measures generated directly from the certified EHR.

L6. Electronic Exchange of Clinical Information

a. Do you plan to exchange clinical information electronically with health care providers outside of your organization in the next two years?

○ Yes, in 2012 (by December 31, 2012)
◉ Yes, in 2013 (by December 31, 2013)
○ No plan to exchange information electronically outside of my organization in the next two years.
○ No Response

b. If yes, indicate the level of importance or need your organization places on electronic exchange of clinical information with the following provider types.

	Very Important	Important	Somewhat Important	Not Sure	No Response
Acute Care Hospitals					
Community Case Management or Disease Management Programs					
Community Free Medical Clinics					
Community Pharmacies					
Emergency Medical Service Providers					
Home Health/Hospice Programs					
Laboratories					
Military/Veteran Hospitals and Clinics					
Primary Care Physicians					
Rehabilitation Hospitals					
Renal Dialysis Facilities					
Skilled Nursing Facilities					
Specialty Care Physicians					
State Agencies					
Urgent Care Centers					
Wound Care Centers					

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SCHEDULE M: CARE COORDINATION

Definition

M1. Please indicate activities that your organization is engaged in to coordinate care across setting and extent to which they are used.

	Not Used at all (1)	Used Minimally	Used Moderately	Used Widely	Used Hospital-Wide (5)
a. Chronic care management processes or programs to manage patients with high-volume, high-cost diseases					
b. Use of predictive analytic tools to identify individual patients at high risk for poor outcomes or extraordinary resource use					
c. Prospective management of patients at high-risk for poor outcomes or extraordinary resource use by experienced case managers					
d. Assignment of case managers to patients at risk for hospital admission or readmission for outpatient follow-up					
e. Medication reconciliation as part of an established plan of care					
f. Provision of visit summaries to patients as part of all outpatient encounters and scheduling of follow-up visits and/or specialty referrals at the time of the initial encounter					
g. Post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile for adult medical-surgical patients in defined diagnostic categories or severity profiles					
h. Arrangement of home visits by physicians, advanced practice nurses or other professionals for homebound and complex patients for whom office visits constitute a physical hardship					

M2. Describe your hospital's processes for facilitating safe transitions. Check the appropriate box for each process administered.

	How is this process Administered (Check all that apply)				Is the process: (Mark Only One)	
	Verbally	Paper (mail/fax)	Electronic	Other	Standard	Ad Hoc

a. Identifying patients who transition between setting of care	☑	☑	☐	☐	◉	○
b. Sharing clinical information between setting of care	☑	☑	☐	☐	◉	○
c. Providing patient discharge summaries to primary care providers	☐	☑	☐	☐	◉	○
d. Providing patient discharge summaries to other providers (e.g. rehabilitation hospitals)	☐	☑	☐	☐	◉	○
e. Tracking the status of transitions including the timing of information exchange	☐	☑	☐	☐	◉	○

SCHEDULE N: SUPPLEMENTAL INFORMATION

Definition

N1. Does your hospital outsource the HIM coding function under any of the following conditions?

	Yes	No	No Response
1. To handle backlog due to staff vacations or shortages.	○	◉	○
2. Partially outsource during normal operations.	○	◉	○
3. Completely outsourced during normal operations	○	◉	○

N2. Social Media

A. Does your hospital use social media applications to conduct patient outreach or engage patients? ◉ Yes ○ No ○ No Response

B. If yes, which social media applications does your hospital use for patient outreach or engagement? (check all that apply)

- ☐ Social networking service (e.g. Facebook, Google+, LinkedIn, etc.)
- ☑ Microblogging service (e.g. Twitter, Tumblr, etc.)
- ☐ Online video sharing
- ☑ Hospital's own website
- ☐ Hospital patient portal or personal health record
- ☐ Smart phone applications
- ☐ Other. Please describe:
- ☐ Don't know

COMMENTS

Please enter any additional comments or explanations of your data below:

Completion

☑ Check here if you have completed this form and are ready for it to be reviewed by ORS and DHEC.

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E-mail Us

Office of Research and Statistics
1919 Blanding Street
Columbia, SC 29201
(803) 898-9940

ahd.com

Profile - February 8, 2013

Conway Medical Center

Conway, SC 29526
CMS Certification Number: 420049

Financial data for hospital cost report period ending 09/30/2011 (HCRIS 881 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 12/04/2012. Definitions

Name and Address: **Conway Medical Center**
300 Singleton Ridge Road
Conway, SC 29526

Telephone number: (843) 347-7111

Hospital Website:
www.conwaymedicalcenter.com

CMS Certification Number: 420049

Type of Facility: Short Term Acute Care
Type of Control: Voluntary Nonprofit, Other

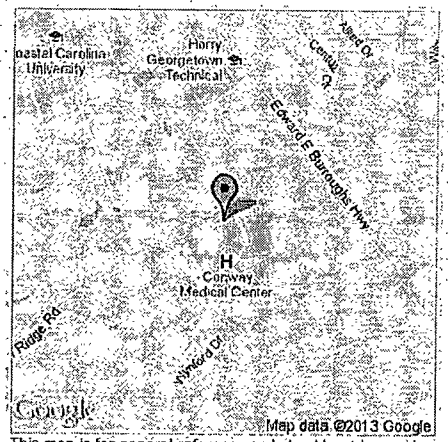
General Med/Surg Beds: 148
Special Care Beds: 20

Total Employees: 861
Total Discharges: 9,291
Total Patient Days: 35,970
Total Patient Revenue: $402,655,840

County (FIPS code): SC051 - Horry, SC
CBSA (formerly MSA): 34820 - Myrtle Beach-Conway-North Myrtle Beach, SC
Longitude / Latitude: 79° E / 34° N

Fiscal Intermediary: Palmetto Government Benefits Administrators
Urban / Rural Designation: Urban
Medicare Certified Beds: 210

NOTES



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Components (Medicare Certified)

NPI information last Updated 12/10/2012 / Definitions

	Provider	Medicare	Medicaid		

Petitioner's Trial Exhibit 044B

Levitt.2013.00038854

Type of Component	Number	Payment System	Payment System	Certified	NPI
Hospital	420049	PPS	Other	07/01/1966	1134172000
Hospital-Based SNF	425173	PPS	None	10/01/1995	1528062544

Associated NPIs

NPI information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1134172000	CONWAY HOSPITAL INC CONWAY MEDICAL CENTER	300 SINGLETON RIDGE RD CONWAY, SC 29526-9142	(843) 347-8037
1528062544	CONWAY HOSPITAL LONG TERM CARE SERVICES, INC KINGSTON NURSING CENTER	2379 CYPRESS CIR CONWAY, SC 29526-8921	(843) 347-8179

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com
Group Purchasing Organization (secondary):	MedAssets Supply Chain Systems 100 North Point Center E, Alpharetta, NC 30022 http://www.medassets.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	148	$34,395,768	15,811	3,126	8,237	27,174
Intensive Care Unit	20	$9,443,588	3,019	190	2,614	5,823
Nursery		$2,405,627	N/A	974	1,999	2,973
Total Acute	**168**	**$46,244,983**	**18,830**	**4,290**	**12,850**	**35,970**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		3,689	2,694	2,908	9,291
Average Length of Stay		5.1	1.6	4.4	3.9
Average Daily Census		51.6	11.8	35.2	98.5

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Skilled Nursing (SNF) Unit	88	$6,532,524	4,960	17,951	7,003	29,914
Total Other	**88**	**$6,532,524**	**4,960**	**17,951**	**7,003**	**29,914**
Total Complex	**256**	**$52,777,507**	**23,790**	**22,241**	**19,853**	**65,884**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$152,069,140	$21,112,363	$229,474,337	$402,655,840

Levitt.2013.00038855

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	2,100
Outpatient Surgeries:	3,400
Births:	1,300
Outpatient Visits:	26,800
Emergency Room (Not Admitted):	15,100
Emergency Room (Admitted):	6,300

Clinical Services

Definitions

Cardiovascular Services
- Cardiac Cath Lab
- Cardiac Rehab
- Vascular Intervention

Emergency Services
- Emergency Department

Neurosciences
- Electroencephalography (EEG)
- Sleep Studies

Orthopedic Services
- Joint Replacement
- Spine Surgery

Other Services
- Hemodialysis
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care
- Intensive Care Unit (ICU)

Subprovider Units
- Skilled Nursing (SNF)

Wound Care
- Wound Care

DNV Hospital Accreditation

DNV Hospital Accreditation from DNV Healthcare Inc.

Last updated / Definitions and Terms of Use

- Accredited for the period: 03/11/2010 - 03/11/2013

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- No data are available.

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Data are not available

Levitt.2013.00038856

Date: 04/23/2012 2011 Hospital : DHEC ADMIN

Instructions/Definitions | Admin Page | Log Out

WARNING!
If you do not click the VALIDATE AND SAVE button at the bottom of this page before logging out or closing this page, any changes that you have made will be lost!
Please use your TAB key to move through the fields of this report.
This report is designed to be printed using the Portrait orientation with all print margins set to 0.25 inches.
Please check your Page Setup before printing.

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: KERSHAW COUNTY MEDICAL CENTER
Name of Operating Authority: KershawHealth
Building Ownership: KershawHealth
Name of Person Completing Form: Debra Johnson
Email Address of Person Completing Form: djohnson@kershawhealth.org
Phone: 803-713-6797
Chief Administrative Officer: Donnie Weeks

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SCHEDULE B: CLASSIFICATION

Definition

Petitioner's Trial Exhibit 045A

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX.**

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
○ No Response			
○ State	○ Church-Operated	○ Individual	○ Air Force
◉ County	○ Other not-for-profit (including NFP Corporation)	○ Partnership	○ Army
○ City		○ Corporation	○ Navy
○ City, County		○ Limited Liability Corp	○ Public Health Service
○ Hospital District or Authority			○ Veterans Administration
			○ PHS Indian Service
			○ Department of Justice
			○ Federal other than above

B2. SERVICE

Indicate the **ONE** category that best describes your hospital or the type of service it provides to the **MAJORITY** of patients. **CHECK ONLY ONE BOX**

- ○ No Response
- ◉ General Medical and Surgical
- ○ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ○ Hospital Unit in an Institution for the Mentally Retarded
- ○ Surgical
- ○ Psychiatric
- ○ Obstetrics and Gynecology
- ○ Tuberculosis and Other Respiratory Diseases
- ○ Cancer
- ○ Heart
- ○ Acute long-term care hospital
- ○ Ear, Eye, Nose and Throat
- ○ Rehabilitation
- ○ Orthopedic
- ○ Chronic Disease
- ○ Institution for Mentally Retarded
- ○ Alcoholism and Other Chemical Dependency
- ○ Other (Specify Treatment Area):

B3. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated (arranged) within a general acute care hospital

○ Free standing LTCH ○ LTCH collocated (arranged) in a general acute care ◉ No Response

If you are collocated (arranged) in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B4. Does the hospital itself operate subsidiary corporations?

○ Yes ◉ No ○ No Response

B5. Is the hospital contract managed?

○ Yes ◉ No ○ No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:
City:
State:

B6. Is your hospital a participant in a network?

○ Yes ◉ No ○ No Response

If YES, please provide the name, address, and telephone for the network. If the hospital participates in more than one network, please provide the information for your additional networks in the comments section.

Name:
Address:
City:
State:
Zip:
Phone:

B7. Does the hospital participate in a group purchasing arrangement?

◉ Yes ○ No ○ No Response

If YES, please provide the name, city, state, and telephone of the group purchasing organization. If the hospital participates in more than one group purchasing organization please provide in the comment section at the end of the report:

Name: Med Assets Supply Chain
City: Alpharetta
State: GA
Phone: 800-950-4722

B8. Does the hospital purchase medical/surgical supplies directly through a distributor? If yes, please provide the name of the distributor?

○ Yes ◉ No ○ No Response Name of Distributor:

B9. Who is your accrediting body?

Joint Commission

B10. Does your hospital have a web site?

◉ Yes ○ No ○ No Response

If YES, please provide the address: www.kershawhealth.org

B11. Does your hospital carry any of the following Medicare:

a) Rural area designations?
- ☐ Critical Access Hospital
- ☐ Sole Community Hospital
- ☐ Medicare Dependent Hospital

☐ Rural Referral Center
☑ None of the Above

b) Teaching designations?
○ Major Teaching Hospital
○ Minor Teaching Hospital
◉ Not Applicable

B12. Is your hospital a Medicare DSH Hospital?

◉ Yes ○ No ○ No Response

B13. Is your hospital owned in whole or in part by physicians or a physician group?

○ Yes ◉ No ○ No Response

B14. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

◉ Yes ○ No ○ No Response

If YES, please report the ten-digit NPI: 1245220300

b. Does your hospital also have a Subpart NPI?

◉ Yes ○ No ○ No Response

If YES, please report the Subpart NPI, provide the relevant taxonomy code to indicate the type of service provided and select the appropriate State licensure type.
If you possess more than six subpart NPIs, report those associated with freestanding facilities requiring state licensure (e.g. Ambulatory Surgery Facility, Home Heath, Hospice, Hospital, Nursing Home, RTF, etc.) first, and all remaining NPI subparts (number only) may be recorded in comments section here.

State Licensure Type	Subpart NPI	Taxonomy Code
05 - Home Health Agency	1093705121	09 - Respite Care Facility
06 - Hospice	1093706970	09 - Respite Care Facility
09 - Nursing Home	1346231487	- None
10 - Pharmacy	1487525378	10 - Other
97 - Other	1740344118	- None
97 - Other	1508094913	10 - Other

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SCHEDULE C: REPORTING PERIOD

Definition

C1. Indicate reporting period used:

Begin Date (MMDDYY): 10/01/ End Date (MMDDYY): 09/30/
Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

◉ Yes ○ No ○ No Response Number of days open:

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 10/01/

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SCHEDULE D: FACILITIES AND SERVICES

Definition

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Your responses from 2010 (if 2011 not entered) or 2011 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	☑	☐	☐	☐
2. Pediatric medical-surgical care	☑	☐	☐	☐
3. Obstetrics: Level of Unit: 1	☑	☐	☐	☐
4. Medical-surgical intensive care	☑	☐	☐	☐
5. Cardiac intensive care	☐	☐	☐	☐
6. Neonatal intensive care	☐	☐	☐	☐
7. Neonatal Intermediate care	☐	☐	☐	☐
8. Pediatric intensive care	☐	☐	☐	☐
9. Burn care	☐	☐	☐	☐
10. Other special care Specify: # of beds:	☐	☐	☐	☐
11. Other intensive care Specify: # of beds: 10	☑	☐	☐	☐
12. Physical Rehabilitation	☑	☐	☐	☐
13. Alcoholism-drug abuse or dependency care	☐	☐	☐	☐
14. Psychiatric care	☐	☐	☐	☐
15. Skilled nursing care	☑	☐	☐	☐
16. Intermediate nursing care	☑	☐	☐	☐
17. Acute long-term care	☐	☐	☐	☐
18. Other long-term care # of beds:	☐	☐	☐	☐

	Owned or provided by my	Provided through a formal contractual agreement or joint venture with	Provided by my	Provided by my Health System (in

Service Area	hospital or its subsidiary (1)	another provider that is not in my system or network (in my local community) (2)	network (in my local community) (3)	my local community) (4)
19. Other care				
Specify:	☐	☐	☐	☐
# of beds:				
20. Adult day care program	☐	☐	☐	☐
21. Airborne infection isolation room				
# of rooms: 9	☑	☐	☐	☐
22. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
23. Alzheimer Center	☐	☐	☐	☐
24. Ambulance services	☑	☐	☐	☐
25. Ambulatory surgery center	☐	☐	☐	☐
26. Arthritis treatment center	☐	☐	☐	☐
27. Assisted living	☐	☐	☐	☐
28. Auxiliary	☑	☐	☐	☐
29. Bariatric/weight control services	☐	☐	☐	☐
30. Birthing room - LDR room - LDRP room	☑	☐	☐	☐
31. Blood Donor Center	☐	☐	☐	☐
32. Breast cancer screening/mammograms	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
33. Cardiology services				
a. Adult Cardiology services	☐	☐	☐	☐
b. Pediatric Cardiology services	☐	☐	☐	☐
c. Adult diagnostic catheterization	☑	☐	☐	☐
d. Pediatric diagnostic catheterization	☐	☐	☐	☐
e. Adult interventional cardiac catheterization	☐	☐	☐	☐
f. Pediatric interventional cardiac catheterization	☐	☐	☐	☐
g. Adult cardiac surgery	☑	☐	☐	☐
h. Pediatric cardiac surgery	☐	☐	☐	☐
i. Adult cardiac electrophysiology	☑	☐	☐	☐
j. Pediatric cardiac electrophysiology	☐	☐	☐	☐
k. Cardiac rehabilitation	☑	☐	☐	☐
34. Case management	☑	☐	☐	☐
35. Chaplaincy/pastoral care services	☑	☐	☐	☐
36. Chemotherapy	☑	☐	☐	☐
37. Children's wellness program	☑	☐	☐	☐
38. Chiropractic services	☐	☐	☐	☐
39. Community outreach	☑	☐	☐	☐
40. Complementary and alternative medicine services	☑	☐	☐	☐

41. Computer assisted orthopedic surgery (CAOS)	☐	☐	☐	☐
42. Crisis prevention	☐	☐	☐	☐
43. Dental services	☐	☐	☐	☐
44. Emergency services				
a. Emergency department	☑	☐	☐	☐
b. Pediatric emergency department	☐	☐	☐	☐
c. Satellite Emergency Department	☐	☐	☐	☐
d. If you checked column 1 (44c), is the department open 24 hours a day, 7 days a week?		Yes ○	No ○	No Response ○
e. Trauma center (certified). Level of unit (1-3):	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
45. Enabling services	☑	☐	☐	☐
46. End of life service				
a. Hospice program	☑	☐	☐	☐
b. Pain management program	☐	☐	☐	☐
c. Palliative care program	☐	☐	☐	☐
d. Inpatient palliative care unit	☐	☐	☐	☐
47. Endoscopic services				
a. Optical colonoscopy	☑	☐	☐	☐
b. Endoscopic ultrasound	☑	☐	☐	☐
c. Ablation of Barret's esophagus	☐	☐	☐	☐
d. Esophageal impedance study	☐	☑	☐	☐
e. Endoscopic retrograde cholangiopancreatography (ERCP)	☑	☐	☐	☐
48. Enrollment (insurance) assistance services	☑	☑	☐	☐
49. Extracorporeal shock wave lithotripter (ESWL)	☑	☐	☐	☐
50. Fitness center	☐	☐	☐	☐
51. Freestanding outpatient care center	☑	☐	☐	☐
52. Geriatric services	☐	☐	☐	☐
53. Health fair	☑	☐	☐	☐
54. Community Health Education	☑	☐	☐	☐
55. Health screenings	☑	☐	☐	☐
56. Health research	☐	☐	☐	☐
57. Hemodialysis	☐	☐	☐	☐
58. HIV-AIDS services	☑	☐	☐	☐
59. Home health services	☑	☐	☐	☐
60. Hospital-based outpatient care center-services	☑	☐	☐	☐
61. Immunization program	☐	☐	☐	☐
62. Indigent care clinic	☐	☐	☐	☐

Provided through a formal

Service Area	Owned or provided by my hospital or its subsidiary (1)	contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
63. Linguistic/translation services	☑	☑	☐	☐
64. Meals on wheels	☐	☐	☐	☐
65. Mobile Health Services	☐	☐	☐	☐
66. Neurological services	☐	☐	☐	☐
67. Nutrition programs	☑	☐	☐	☐
68. Occupational health services	☑	☐	☑	☐
69. Oncology services	☑	☐	☐	☐
70. Orthopedic services	☑	☐	☐	☐
71. Outpatient surgery	☑	☐	☐	☐
72. Patient Controlled Analgesia (PCA)	☑	☐	☐	☐
73. Patient education center	☑	☐	☐	☐
74. Patient representative services	☑	☐	☐	☐
75. Physical rehabilitation services				
a. Assistive technology center	☐	☐	☐	☐
b. Electrodiagnostic services	☐	☐	☐	☐
c. Physical rehabilitation outpatient services	☑	☐	☐	☐
d. Prosthetic and orthotic services	☐	☐	☐	☐
e. Robot-assisted walking therapy	☐	☐	☐	☐
f. Simulated rehabilitation environment	☐	☐	☐	☐
76. Primary care department	☑	☐	☐	☐
77. Psychiatric services				
a. Psychiatric child-adolescent services	☐	☐	☐	☐
b. Psychiatric consultation-liaison services	☐	☑	☐	☐
c. Psychiatric education services	☐	☐	☐	☐
d. Psychiatric emergency services	☐	☐	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
h. Psychiatric residential treatment	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
78. Radiology, diagnostic				
a. CT Scanner	☐	☐	☐	☐
b. Diagnostic radioisotope facility	☑	☐	☐	☐
c. Electron Beam Computed Tomography (EBCT)	☐	☐	☐	☐
d. Full-field digital mammography (FFDM)	☑	☐	☑	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
e. Magnetic resonance imaging (MRI)	☑	☐	☑	☑
f. Intraoperative magnetic resonance imaging	☐	☐	☐	☐
g. multi-slice spiral computed tomography (<64+ slice CT)	☑	☐	☐	☐
h. multi-slice spiral computed tomography (64+ slice CT)	☑	☐	☐	☐
i. Positron emission tomography (PET)	☐	☐	☐	☐
j. Positron emission tomography/CT (PET/CT)	☐	☐	☐	☐
k. Single photon emission computerized tomography (SPECT)	☐	☐	☐	☐
l. Ultrasound	☑	☐	☐	☐
79. Radiology, therapeutic	☐	☐	☐	☐
a. Image guided radiation therapy (IGRT)	☐	☐	☐	☐
b. Intensity-Modulated Radiation Therapy (IMRT)	☐	☐	☐	☐
c. Proton beam therapy	☐	☐	☐	☐
d. Shaped Beam Radiation System	☐	☐	☐	☐
e. Stereotactic radiosurgery	☐	☐	☐	☐
80. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
81. Retirement housing	☐	☐	☐	☐
82. Robotic surgery	☐	☐	☐	☐
83. Rural Health Clinic	☑	☐	☐	☐
84. Sleep Center	☑	☐	☐	☐
85. Social work services	☑	☐	☐	☐
86. Sports medicine	☐	☐	☐	☐
87. Support groups	☑	☐	☐	☐
88. Swing bed services	☐	☐	☐	☐
89. Teen outreach services	☐	☐	☐	☐
90. Tobacco treatment/cessation program	☐	☐	☐	☐
91. Transplant services				
a. Bone marrow transplant services	☐	☐	☐	☐
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐
d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
92. Transportation to health services	☑	☐	☐	☐
93. Urgent care center	☑	☐	☐	☐
94. Virtual colonoscopy	☐	☐	☐	☐
95. Volunteer services department	☑	☐	☐	☐
96. Women's health center/services	☑	☐	☐	☐

97. Wound Management Services ☑ ☐ ☐ ☐

D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2010	2011
1. Adult Open-Heart Surgical Operations	0	0
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	0	0

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. **If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.**

Codes for Diagnostic Catheterizations	ICD-9-CM codes referring to Therapeutic Catheterizations
37.21 Right Heart Cardiac Catheterization	00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
37.22 Left Heart Cardiac Catheterization	35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
37.23 Combined Right and Left Heart Cardiac Catheterization	35.96 Percutaneous Valvuloplasty
	36.06 Insertion of Coronary Artery Stent(s)
	36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
	36.09 Other Removal of Coronary Artery Obstruction?
	37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

# of Mobile Labs: **# of Fixed Labs:** 1

Patients	Adult		Pediatric	
	2010 Reported	2011	2010 Reported	2011
Diagnostic, Total	461	540	0	0
Inpatient	184	154	0	0
Outpatient	277	386	0	0
Therapeutic, Total				
Inpatient				
Outpatient				
All Other, Total				
Inpatient				
Outpatient				

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: 2

	# of Procedures 2010	# of Procedures 2011
Inpatient	232	263
Outpatient	1683	1703
Total	1915	1966

D. PET Scanner (Include PET CT, report PET procedures only)

# of Mobile Unit:	# of Fixed Units:

	# of Procedures 2010	# of Procedures 2011
Inpatient		
Outpatient		
Total		

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			
2011			
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	1401	1387	3699	3366	4753
Cystoscopy							
Endoscopy	4	4	730	773	2971	3010	3783
Other							
TOTAL	10	10	2131	2160	6673	6376	8536

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: 121

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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 2010	Beds Set Up and Staffed 2011	Admissions (Exclude Births) 2010	Admissions (Exclude Births) 2011	Discharges: Include Deaths (Exclude Newborns) 2010	Discharges: Include Deaths (Exclude Newborns) 2011	Total Patient Days Care (Exclude Newborns) 2010	Total Patient Days Care (Exclude Newborns) 2011
Acute and Subacute Care								
Adult Medical/Surgical	85	85	3951	4130	4237	4439	19305	19928
Obstetrical Level of Unit:	10	10	551	542	535	538	1197	1194
Pediatric	14		462		446		1045	

Medical/Surgical		14		578		569		1221
Psychiatric - Total								
Age 0 to 64								
Age 65 and Older								
Rehabilitation - Total								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Detoxification)								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Inpatient)								
Age 0 to 64								
Age 65 and Older								
Other Please Specify:								
Unassigned								
Intensive Care								
Medical/Surgical (ICU)	10	10	452	441	197	166	2366	2635
Cardiac (CCU)								
Pediatric								
Other Please Specify:								
Grand Total (Acute and Intensive Care)	119	119	5416	5691	5415	5712	23913	24978
Age 0 to 64								
Age 65 and Older								

	2010	2011
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	23845	24925
C. Number of Patients in Hospital on last day of reporting period	68	53
D. Medicare/Medicaid/MIAP Utilization		
- Required by March 31, 2011 by S.C. Medically Indigent Assistance Act. - Exclude newborns, swing beds, Medicaid admin. days and observation patients.		
1a. Total Medicare Inpatient Discharges - Title XVIII (include Managed Care)	2741	2925
1b. How many Medicare inpatient discharges were Medicare Managed Care?		
2a. Total Medicare Inpatient Days (include Managed Care)	15022	16461
2b. How many Medicare inpatient days were Medicare Managed Care?		
3a. Total Medicaid Inpatient Discharges - Title XIX (include Managed Care)	1060	1148
3b. How many Medicaid inpatient discharges were Medicaid Managed Care?		
4a. Total Medicaid Inpatient Days (include Managed Care)	2140	3454
4b. How many Medicaid inpatient days were Medicaid Managed Care?		
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)		
6. Total S.C. MIAP Inpatient Days		

F2. Nursing Home Care

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit				
B. Free-Standing on Hospital Campus				
C. Free-Standing off Campus				

F3. Residential Treatment Center For Children And Adolescents

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents				

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds:
B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds						

F5. Medicaid Administrative Days Program

Admissions: Patient Days:

F6. Observation Patients

Patients: 824

F7. Obstetrics Unit

(for the reporting period)
Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2010 Reported	2011
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms		
2. Number of Delivery Rooms		
3. Number of LDR Rooms	3	3
4. Number of LDRP Rooms		
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	10	10
2. Number of Newborn Patient Days	884	898
C. Birth and Death Records		
1. Number of Infants Born Alive	411	407

2. Number of Deaths of Infants Born Alive	1	0
3. Number of Fetal Deaths (Still-born)	2	4

D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2010 Reported					
2011					
Intermediate Care					
2010 Reported					
2011					
Continuing Care Care					
2010 Reported					
2011					

	2010 Reported	2011
Total Neonatal Special Care Patient Days		

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SCHEDULE G: OUTPATIENT UTILIZATION

Definition:

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
- **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
- **(1) Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
- **(2) Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
- **(3) Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service.
  For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes (•) No ( ) No Response ( )

G2. Indicate emergency department category (if applicable for your facility):

Agency (TJC,DNV,Other): TJC
Level: 4

G3. Indicate level of unit # for certified trauma department:

Level of unit #:
Source of designation (check all that apply):
- [x] American College of Surgeons
- [ ] State/Local Government
- [ ] Self Designation

G4. Which of the following best describes the type of triage system your emergency Department uses on a daily basis to determine which patients can wait to be seen and which need to be seen immediately:

- ○ Three (3) level system (emergent, urgent, non urgent, red, yellow, green)
- ○ Four (4) level system (emergent, unstable urgent, stable urgent, non-urgent)
- ◉ Five (5) level Emergency Severity Index (ESI)
- ○ Five (5) level system (Australasian, Manchester or Acuity Scale)
- ○ Other (please specify)
- ○ Don't know

G5.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgeries reported in Schedule D) (3)
	2010 reported	2011		
A. Visits (Total sum of 1, 2)*	26121	25532		
1. Non-Emergency Visits	21415	20807		
2. True Emergency Visits	4706	4725		
B. Visits Resulting in Admission to Hospital	3364	3335		

*Required by March 31, 2012 by S.C. Medically Indigent Assistance Act.

G6. In terms of location, your ambulatory care programs are:

(check all that apply):

- ☑ Within the hospital
- ☐ On hospital campus in a freestanding center
- ☐ Freestanding off campus
- ☐ No ambulatory care

G7. In terms of ownership, your ambulatory care programs are:

(check all that apply):

- ☑ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: HOSPITAL EMPLOYEES AS OF THE LAST DAY OF THE REPORTING PERIOD

Definition

H1. Hospital Employees:

- Information is requested on the total number of employees of the hospital 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 posted vacancies, should be consistent with payroll expenses reported on the

Financial Data Report.

- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- Do not include nursing home staff on this page.
- If there are staff positions that are shared between the hospital, a physician practice and nursing home, please record these staff as part-time employees.
- Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.
- Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number
- Hours Reporting: for Full time, Part time, and Contract columns report hours as total hours accumulated over the reporting period (annual hours). For Posted Vacancies, report anticipated annual hours for the positions. (for example: Two, twenty hour per week part time Laboratory Techs each would have anticipated annual hours of 2x20x52= 2080)
- **Please round all values to the nearest whole number, do not enter commas or decimals as this will result in a loss of data.**

Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Administrative										
Hospital Administrator (CEO)	1	2139								
Assistant Hospital Administrators										
Chief Medical Officer (Medical Director)										
Chief Nursing Officer	1	2240								
Chief Operating Officer	1	2102								
Chief Financial Officer	1	2980								
Other Administrators	2	4258								

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours

process.

Physicians and Dentists

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Physicians										
Anesthesiologists										
Pathologists										
Psychiatrists										
Radiologists										
Physician Hospitalists	4	5293	4	4314	1	1943				
Intensivists:										
Medical-surgical intensive care										
Cardiac intensive care										
Neonatal intensive care										
Pediatric intensive care										
Other intensive care										
ER Physicians	3	6067	2	569	4	6098				
All other physicians	9	18232			1	701				
Medical Interns and Residents										
Dentists										
Dental Interns and Residents										
Physicians Assistants										

Nursing Care

APRN										
Clinical Nurse Specialists - CNS										
Certified Registered Nurse Anesthetist - CRNA	8	16061	2	1750						
Certified Nurse Midwife - CNM										
Other Nurse Practitioner - NP	2	3904	2	991						
Registered Nurses										

(excluding the above categories)	196	338538	103	70546	2	1152	13	24336		
Licensed Practical/Vocational Nurses	23	44264	14	10275						
Nursing Assistive Care										
Nursing Aides, Orderlies, Attendants	35	60289	8	5746			1	2080		
Unit Clerk	6	9418	5	2696						
Employed sitters										
Other Nursing Assistive Personnel	22	40856	7	4468			1	1872		
Pharmacy										
Manager/Supervision	1	2240								
Pharmacists, licensed	4	6609	5	4513						
Pharmacy Technicians	8	16576								
Pharmacy, non-technical			2	1034						

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Ancillary										
Radiology										
Manager/Supervision (non-physician)	1	2160								
MRI Technicians	1	881	1	408						
CT Technicians	4	6484	1	528			1	2080		
X-ray Technicians	13	23139	10	6688						
Other Radiology Technicians	7	14968	1	552						
Radiology non-technical	4	8209	3	2736						
Cath Lab										
Manager/Supervision (non-physician)	1	2080								
Cath Lab Technicians	1	2019								
Cath Lab non-technical										
Dialysis										
Manager/Supervision (non-physician)										
Dialysis Technicians										
Dialysis non-technical										
Laboratory										
Manager/Supervision	2	4223								

(non-physician)										
Laboratory Technicians	37	71096	9	4879						
Laboratory non-technical	1	1772	2	1383			1	2080		
EKG/EEG										
Manager/Supervision (non-physician)	1	2080								
EKG/EEG Technicians	10	14278	6	4703			1	2080		
EKG/EEG non-technical	1	2226								
Respiratory										
Manager/Supervision (non-physician)	1	2060								
Respiratory Therapists	12	21477	10	2671						
Respiratory non-technical										
Rehabilitation										
Manager/Supervision (non-physician)	1	2080								
Occupational Therapists	4	6742	1	142	1	800	1	2080		
Physical Therapists	13	18931	5	2541						
Speech Therapists	1	2072	1	1713						
Rehabilitation non-technical	4	7121	3	2650	1	160	1	2080		
All Other Health Professionals and Technical Personnel	79	161233	19	16872						
				Non-Health						
Informational Technology	9	18817	2	1339						
All Other Non-Health Professionals and Technical Personnel										
All Other Non-Health Non-Technical Personnel	246	465962	41	37413						
				Total						
Total Hospital Personnel	781	1444156	269	194120	10	10854	20	38688		

H2. Privileged Physicians

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital:

	Total Employed	Total Individual Contract	Total Group Contract	Not Employed or Under Contract	Total Privileged
a. Primary care (General practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	9			22	31
b. Hospitalist	4	1			5
c. Intensivist					
d. Radiologist/pathologist/anesthesiologist			27		27
e. Emergency medicine	3	2	4		9
f. Other specialist					
g. Total	16	3	86	75	180

H3. Hospitalists

Do hospitalists care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

H4. Intensivists

Do intensivists provide care for patients in your hospital? ○ Yes ◉ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Indicate below whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

Medical surgical intensive care: ○ Yes ○ No ○ No Response
Cardiac intensive care: ○ Yes ○ No ○ No Response
Neonatal surgical intensive care: ○ Yes ○ No ○ No Response
Pediatric intensive care: ○ Yes ○ No ○ No Response
Other intensive care: ○ Yes ○ No ○ No Response

H5. Advanced Practice Registered Nurses / Physician Assistants

Do advanced practice registered nurses or physician assistants provide care for patients in your hospital?
Advanced Practice Registered Nurses ○ Yes ◉ No ○ No Response
Physicians Assistants ○ Yes ◉ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Please indicate the type of service the nurses provide (Please check all that apply).

Service	Advanced Practice Registered Nurses	Physicians Assistants
Anesthesia services (APRNS much be a certified registered nurse anesthetist))	☐	☐
Case management	☐	☐
Emergency department care	☐	☐
Patient education	☐	☐
Primary care	☐	☐
OB/Neonatal	☐	☐
Quality	☐	☐
Other specialty care	☐	☐
Other	☐	☐

H6. Baylor Type Nursing Positions

Does your Facility have Baylor Type nursing positions? ◉ Yes ○ No ○ No Response

If yes,

Are they considered: ◉ Full-time ○ Part-time ○ No Response
Are they eligible to recieve benefits? ◉ Yes ○ No ○ No Response

H7. Foreign Educated Nurses

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2011 vs. 2010?
More ○ Less ○ Same ○ Did not hire foreign nurses ◉
b. From which countries/continents are you recruiting foreign-educated nurses? (CHECK ALL THAT APPLY)

Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

H8. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

Number of New RN Graduates: 7

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SCHEDULE I: PHYSICIAN ARRANGEMENTS

Definition

I1. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ◉ No ○ No Response ○

I2. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ○ No ◉ No Response ○

I3a. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	My Hospital	Number of Physicians	My Health Network	My Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐		☐	☐
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐
I. Other (please specify):	☐		☐	☐

I3b. Looking across all the relationships identified in question I2a (above), what is the total number of physicians (count each physician only once) that are engaged in

an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level)?

Number of physicians:

I4. JOINT VENTURES

a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
Yes ○ No ◉ No Response ○

b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (check all that apply)
- ☑ Limited Service Hospital
- ☑ Ambulatory Surgical Centers
- ☑ Imaging Centers
- ☐ Other

c. If you selected "Limited Service Hospital", please tell us what type(s) of services are provided:
- ☑ Cardiac
- ☑ Orthopedic
- ☑ Surgical
- ☐ Other

d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?
Yes ○ No ◉ No Response ○

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SCHEDULE J: PAYER ARRANGEMENTS

Definition

J1. Has your hospital or health care system established, or in the process of establishing, an accountable care organization (ACO)?

Yes - Established ○ Yes - In Progress ○ No ◉ No Response ○

If yes, please indicate the patient population that participates (or will participate) in the ACO.

Check all that apply	Yes/No	Name	Covered Lives
Medicaid	○ Yes ◉ No		
Medicare	○ Yes ◉ No		
Privately Insured	○ Yes ◉ No		
Other, please specify	○ Yes ◉ No		

J2. Does your hospital have an established medical home program?

○ Yes ◉ No ○ No Response

J3. Does your hospital, health system or health network have an equity interest in any of the following insurance products?

(Check all that apply). ** *Contractual relationships with HMOs and PPOs should not be reported here but in question J2.*

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:	My Hospital	My Health System	My Health Network	Joint Venture with Insurer
A. Health Maintenance Organization				
B. Preferred Provider Organization				
C. Indemnity Fee for Service Plan				

J4. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) Yes ◉ No ○ No Response ○
How many contracts? 8
Preferred Provider Organization (PPO) Yes ◉ No ○ No Response ○
How many contracts? 22

J5. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") Percent: 0 %

J6. What percentage of the hospital's net revenue is paid on a shared risk basis?

Percent: 0 %

J7. What is the percent of Bad debt recoveries from Self Pay accounts receivable?

Percent: 16 %

J8. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?

Yes ○ No ◉ No Response ○

J9. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

Lives Covered:

SCHEDULE K: COMMUNITY ORIENTATION

Definition

K1. Community Benefit

1. Does your hospital's mission statement include a focus on community benefit? Yes ◉ No ○ No Response ○

2. Does your hospital have a long-term plan for improving health in the community?	Yes ◉	No ○	No Response ○
3. Does your hospital have a specific budget for its community benefit activities?	Yes ◉	No ○	No Response ○
4. Does your hospital have dedicated staff to manage community benefit activities?	Yes ◉	No ○	No Response ○
5. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)?	Yes ◉	No ○	No Response ○
6. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital?	Yes ◉	No ○	No Response ○
7. Does your hospital partner with your local school system to offer health and wellness programs to help your community?	Yes ◉	No ○	No Response ○
8. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	Yes ◉	No ○	No Response ○
9. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	Yes ◉	No ○	No Response ○
10a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	Yes ◉	No ○	No Response ○
10b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community?	Yes ○	No ○	No Response ◉
11. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	Yes ◉	No ○	No Response ○
12. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	Yes ◉	No ○	No Response ○
13. Does your hospital self-assess against Baldridge like criteria for sustained continuous improvement?	Yes ◉	No ○	No Response ○

K2. Diversity, Language and Leaders

1. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	Yes ◉	No ○	No Response ○
2. Does your hospital gather information on a patient's language at any point during their stay?	Yes ◉	No ○	No Response ○
3. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan?	Yes ◉	No ○	No Response ○
4. Does your hospital educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?	Yes ◉	No ○	No Response ○
5. Does your hospital require all employees to attend diversity training?	Yes ◉	No ○	No Response ○
6. Does the hospital's strategic plan include goals for improving quality of care of culturally and linguistically-diverse patient population?	Yes ◉	No ○	No Response ○
7. Does your hospital or health system currently have or plan to develop, execute or evaluate a leadership development program?	Yes ◉	No ○	No Response ○
8. Does your hospital or health system engage in leadership succession planning?	Yes ○	No ◉	No Response ○
9. Does your hospital or health system currently provide career development resources to administrators?	Yes ◉	No ○	No Response ○

K3. Other

Does your hospital provide services through one or more satellite facilities? Yes ◉ No ○ No Response ○

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SCHEDULE L: INFORMATION TECHNOLOGY

Definition

L1. Does your hospital have an electronic health record?

◉ Yes, fully implemented ○ Yes, partially implemented
○ No (if no, answer "No" to all of Question L2) ○ No Response

L2. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	◉	○	○	○
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	◉	○	○	○
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	◉	○	○	○
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	◉	○	○	○

L3. Does your Hospital store electronic laboratory tests in standard formats (LOINC/SNOMED)?

○ Yes, fully implemented ◉ Yes, partially implemented ○ No ○ No Response

L4. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	○	○	◉	○	○	○
2. Routinely order laboratory or other tests electronically?	○	○	◉	○	○	○

L5. Do you plan to attest as a Meaningful User of certified EHR technology and if so, in what federal fiscal year (FFY) will you achieve meaningful use for the first time?

○ Yes, attested in FFY 2011 (by Sep 30, 2011)
◉ Yes, in FFY 2012 (by Sep 30, 2012)
○ Yes, in FFY 2013 (by Sep 30, 2013)
○ Yes, by FFY 2015 (by Sep 30, 2015)
○ Not planning to attest
○ Not eligible for either Medicare or Medicaid EHR incentives
○ Do Not Know

Note: To qualify as a meaningful user for Medicare and Medicaid, a hospital must (1) possess EHR technology certified against all 24 objectives of meaningful use; (2) meet each of 14 "core" objectives of meaningful use, at least 1 public health objective, and at least 4 additional "menu set" objectives; and (3) report on each of 15 clinical quality measures generated directly from the certified EHR.

L6. Electronic Exchange of Clinical Information

a. Do you plan to exchange clinical information electronically with health care providers outside of your organization in the next two years?

◉ Yes, in 2012 (by December 31, 2012)
○ Yes, in 2013 (by December 31, 2013)
○ No plan to exchange information electronically outside of my organization in the next two years.
○ No Response

b. If yes, indicate the level of importance or need your organization places on electronic exchange of clinical information with the following provider types.

	Very Important	Important	Somewhat Important	Not Sure	No Response
Acute Care Hospitals					
Community Case Management or Disease Management Programs					
Community Free Medical Clinics					
Community Pharmacies					
Emergency Medical Service Providers					
Home Health/Hospice Programs					
Laboratories					
Military/Veteran Hospitals and Clinics					
Primary Care Physicians					
Rehabilitation Hospitals					
Renal Dialysis Facilities					
Skilled Nursing Facilities					
Specialty Care Physicians					
State Agencies					
Urgent Care Centers					
Wound Care Centers					

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SCHEDULE M: CARE COORDINATION

Definition

M1. Please indicate activities that your organization is engaged in to coordinate care across setting and extent to which they are used.

	Not Used at all (1)	Used Minimally	Used Moderately	Used Widely	Used Hospital-Wide (5)
a. Chronic care management processes or programs to manage patients with high-volume, high-cost diseases					
b. Use of predictive analytic tools to identify individual patients at high risk for poor outcomes or extraordinary resource use					
c. Prospective management of patients at high-risk for poor outcomes or extraordinary resource use by experienced case managers					
d. Assignment of case managers to patients at risk for hospital admission or readmission for outpatient follow-up					
e. Medication reconciliation as part of an established plan of care					
f. Provision of visit summaries to patients as part of all outpatient encounters and scheduling of follow-up visits and/or specialty referrals at the time of the initial encounter					
g. Post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile for adult medical-surgical patients in defined diagnostic categories or severity profiles					
h. Arrangement of home visits by physicians, advanced practice nursed or other professionals for homebound and complex patients for whom office visits constitute a physical hardship					

M2. Describe your hospital's processes for facilitating safe transitions. Check the appropriate box for each process administered.

	How is this process Administered (Check all that apply)				Is the process: (Mark Only One)	
	Verbally	Paper (mail/fax)	Electronic	Other	Standard	Ad Hoc

a. Identifying patients who transition between setting of care	☑	☑	☑	☐	◉	○
b. Sharing clinical information between setting of care	☑	☑	☑	☐	◉	○
c. Providing patient discharge summaries to primary care providers	☑	☑	☑	☐	◉	○
d. Providing patient discharge summaries to other providers (e.g. rehabilitation hospitals)	☑	☑	☑	☐	◉	○
e. Tracking the status of transitions including the timing of information exchange	☑	☑	☑	☐	○	○

SCHEDULE N: SUPPLEMENTAL INFORMATION

Definition

N1. Does your hospital outsource the HIM coding function under any of the following conditions?

	Yes	No	No Response
1. To handle backlog due to staff vacations or shortages.	◉	○	○
2. Partially outsource during normal operations.	◉	○	○
3. Completely outsourced during normal operations	○	◉	○

N2. Social Media

A. Does your hospital use social media applications to conduct patient outreach or engage patients? ○ Yes ○ No ◉ No Response

B. If yes, which social media applications does your hospital use for patient outreach or engagement? (check all that apply)

- ☑ Social networking service (e.g. Facebook, Google+, LinkedIn, etc.)
- ☐ Microblogging service (e.g. Twitter, Tumblr, etc.)
- ☐ Online video sharing
- ☑ Hospital's own website
- ☐ Hospital patient portal or personal health record
- ☐ Smart phone applications
- ☐ Other: Please describe
- ☐ Don't know

COMMENTS

Please enter any additional comments or explanations of your data below:

Additional NPI 1679564702, 1609946474, 1689878357, 1295813483, 1528058641, 1659686004, 1528207172, 1588737498, 1245220300, 1851461529, 1073686994, 1528203205, 1750609889, 1912288093

Completion

☑ Check here if you have completed this form and are ready for it to be reviewed by ORS and DHEC.

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Columbia, SC 29201
(803) 898-9940

ahd.com

Profile - February 8, 2013

Kershaw County Medical Center

Camden, SC 29020
CMS Certification Number: 420048

Financial data for hospital cost report period ending 09/30/2011 (HCRIS 665 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 01/15/2013. Definitions

Name and Address: **Kershaw County Medical Center**
1315 Roberts Street
Camden, SC 29020

Telephone number: (803) 432-4311

Hospital Website: www.kershawhealth.org/

CMS Certification Number: 420048

Type of Facility: Short Term Acute Care

Type of Control: Governmental, City-County

General Med/Surg Beds: 109

Special Care Beds: 10

Total Employees: 752

Total Discharges: 5,712

Total Patient Days: 25,720

Total Patient Revenue: $307,482,208

County (FIPS code): SC055 - Kershaw, SC

CBSA (formerly MSA): 17900 - Columbia, SC

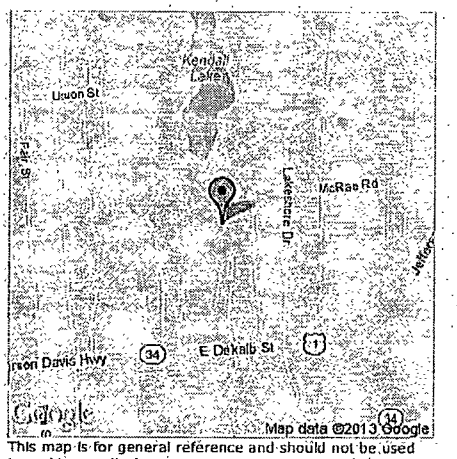
Longitude / Latitude: 81° E / 34° N

Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Urban

Medicare Certified Beds: 121

NOTES



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 045B

Components (Medicare Certified)

NPI information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI

Levitt.2013.00038827

Hospital	420048	PPS	Other	07/01/1966	1245220300
Hospital-Based SNF	425080	PPS	None	01/01/1972	1346231487
Hospital-Based HHA	427046	PPS	None	07/29/1991	1093705121
Hospital-Based Hospice	421519			08/26/1993	1093706970
Hospital-Based Health Clinic RHC	423420	Other	None	10/26/1998	1679564702

Associated NPIs

NPI information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1093705121	KERSHAWHEALTH KERSHAWHEALTH HOME HEALTH	2001 W DEKALB ST CAMDEN, SC 29020-2093	(803) 425-1182
1093706970	KERSHAWHEALTH HOSPICE OF KERSHAW COUNTY	2001 W DEKALB ST CAMDEN, SC 29020-2093	(803) 425-1916
1245220300	KERSHAWHEALTH	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 432-4311
1346231487	KERSHAWHEALTH KERSHAWHEALTH KARESH LONG TERM CARE	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 713-6376
1508094913	KERSHAW HEALTH KERSHAW HEALTH URGENT CARE AT ELGIN	40 PINNACLE PARKWAY ELGIN, SC 29045	(803) 432-4311
1528203205	KERSHAWHEALTH KERSHAWHEALTH PULMONARY SERVICE	1218 ROBERTS ST CAMDEN, SC 29020-3736	(803) 425-6460
1528207172	KERSHAWHEALTH KERSHAWHEALTH INFECTIOUS DISEASES	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 432-4311
1588737498	KERSHAWHEALTH IKERSHAWHEALTH INFUSION CENTER	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 713-6376
1679564702	KERSHAWHEALTH KERSHAWHEALTH HEALTHCARE PLACE AT BETHUNE	103 SOUTH MAIN STREET BETHUNE, SC 29009	(843) 334-6551
1689878357	KERSHAWHEALTH DIABETES EDUCATIONAL PROGRAM	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 432-4311
1740344118	KERSHAWHEALTH AMBULANCE SERVICES	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 432-4311
1750609889	KERSHAWHEALTH KERSHAWHEALTH WOMEN'S CARE	1165 HIGHWAY 1 S LUGOFF, SC 29078-8966	(803) 438-3800
1851461529	KERSHAW HEALTH KERSHAWHEALTH PATHOLOGY	1315 ROBERTS ST CAMDEN, SC 29020-3737	(803) 713-6376

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	The Broadlane Group (transitioning to MedAssets) 13727 Noel Rd, Dallas, TX 75240 http://www.broadlane.com/
Group Purchasing Organization (secondary):	MedAssets Supply Chain Systems 100 North Point Center E, Alpharetta, TX 30022

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	http://www.medassets.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	109	$25,343,090	11,575	1,273	9,339	22,187
Intensive Care Unit	10	$6,496,686	1,688	152	795	2,635
Nursery		$649,859	N/A	185	713	898
Total Acute	**119**	**$32,489,635**	**13,263**	**1,610**	**10,847**	**25,720**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		2,465	434	2,813	5,712
Average Length of Stay		5.4	3.7	3.9	4.5
Average Daily Census		36.3	4.4	29.7	70.5

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Skilled Nursing (SNF) Unit	96	$8,238,550	6,452	0	27,072	33,524
Total Other	**96**	**$8,238,550**	**6,452**	**0**	**27,072**	**33,524**
Total Complex	**215**	**$40,728,185**	**19,715**	**1,610**	**37,919**	**59,244**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$102,639,958	$14,020,671	$190,821,579	$307,482,208

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	1,000
Outpatient Surgeries:	2,400
Births:	400
Outpatient Visits:	25,200
Emergency Room (Not Admitted):	11,200
Emergency Room (Admitted):	3,700

Clinical Services

Definitions

Cardiovascular Services
- Cardiac Cath Lab
- Cardiac Rehab

Emergency Services
- Emergency Department

Neurosciences
- Electroencephalography (EEG)
- Sleep Studies

Other Services
- Home Health
- Hospice
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)

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Oncology Services
Chemotherapy

Orthopedic Services
Arthroscopy
Joint Replacement

Magnetic Resonance Imaging (MRI)
Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
Physical Therapy

Special Care
Intensive Care Unit (ICU)

Subprovider Units
Skilled Nursing (SNF)

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission.

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 08/06/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- No data are available.

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Data are not available

Levitt.2013.00038830

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: SPRINGS MEMORIAL HOSPITAL
Name of Operating Authority: COMMUNITY HEALTH SYSTEMS, INC.
Building Ownership: COMMUNITY HEALTH SYSTEMS, INC.
Name of Person Completing Form: EMILY JONES
Email Address of Person Completing Form: emily_jones@chs.net
Phone: 803-286-1875
Chief Administrative Officer: Doug Arbour

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SCHEDULE B: CLASSIFICATION

Definition

Petitioner's Trial Exhibit 046A

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX**.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
○ No Response			
○ State	○ Church-Operated	○ Individual	○ Air Force
○ County	○ Other not-for-profit (including NFP Corporation)	○ Partnership	○ Army
○ City		● Corporation	○ Navy
○ City, County		○ Limited Liability Corp.	○ Public Health Service
○ Hospital District or Authority			○ Veterans Administration
			○ PHS Indian Service
			○ Department of Justice
			○ Federal other than above

B2. SERVICE

Indicate the **ONE** category that best describes your hospital or the type of service it provides to the **MAJORITY** of patients. **CHECK ONLY ONE BOX**.

- ○ No Response
- ● General Medical and Surgical
- ○ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ○ Hospital Unit in an Institution for the Mentally Retarded
- ○ Surgical
- ○ Psychiatric
- ○ Obstetrics and Gynecology
- ○ Tuberculosis and Other Respiratory Diseases
- ○ Cancer
- ○ Heart
- ○ Acute long-term care hospital
- ○ Ear, Eye, Nose and Throat
- ○ Rehabilitation
- ○ Orthopedic
- ○ Chronic Disease
- ○ Institution for Mentally Retarded
- ○ Alcoholism and Other Chemical Dependency
- ○ Other (Specify Treatment Area)

B3. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated (arranged) within a general acute care hospital

○ Free standing LTCH ○ LTCH collocated (arranged) in a general acute care ● No Response

If you are collocated (arranged) in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B4. Does the hospital itself operate subsidiary corporations?

● Yes ○ No ○ No Response

B5. Is the hospital contract managed?

○ Yes ◉ No ○ No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:
City:
State:

B6. Is your hospital a participant in a network?

○ Yes ◉ No ○ No Response

If YES, please provide the name, address, and telephone for the network. If the hospital participates in more than one network, please provide the information for your additional networks in the comments section.

Name:
Address:
City:
State:
Zip:
Phone:

B7. Does the hospital participate in a group purchasing arrangement?

◉ Yes ○ No ○ No Response

If YES, please provide the name, city, state, and telephone of the group purchasing organization. If the hospital participates in more than one group purchasing organization please provide in the comment section at the end of the report.

Name: HealthTrust Purchasing Group
City: Brentwood
State: TN
Phone: 615-344-3000

B8. Does the hospital purchase medical/surgical supplies directly through a distributor? If yes, please provide the name of the distributor?

○ Yes ◉ No ○ No Response Name of Distributor:

B9. Who is your accrediting body?

JCAHO

B10. Does your hospital have a web site?

◉ Yes ○ No ○ No Response

If YES, please provide the address: www.springsmemorial.com

B11. Does your hospital carry any of the following Medicare:

a) Rural area designations?
- ☐ Critical Access Hospital
- ☐ Sole Community Hospital
- ☐ Medicare Dependent Hospital

☐ Rural Referral Center
☑ None of the Above

b) Teaching designations?
○ Major Teaching Hospital
○ Minor Teaching Hospital
◉ Not Applicable

B12. Is your hospital a Medicare DSH Hospital?

◉ Yes ○ No ○ No Response

B13. Is your hospital owned in whole or in part by physicians or a physician group?

○ Yes ◉ No ○ No Response

B14. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

◉ Yes ○ No ○ No Response

If YES, please report the ten-digit NPI: 1437122926

b. Does your hospital also have a Subpart NPI?

◉ Yes ○ No ○ No Response

If YES, please report the Subpart NPI, provide the relevant taxonomy code to indicate the type of service provided and select the appropriate State licensure type.
If you possess more than six subpart NPIs, report those associated with freestanding facilities requiring state licensure (e.g. Ambulatory Surgery Facility, Home Health, Hospice, Hospital, Nursing Home, RTF, etc.) first, and all remaining NPI subparts (number only) may be recorded in comments section here.

State Licensure Type	Subpart NPI	Taxonomy Code
97 - Other	145732458	04 - Rehabilitation Unit
09 - Nursing Home	136811591	07 - Nursing and Custodial Care Facility
-		- None
-		- None
-		- None
-		- None

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SCHEDULE C: REPORTING PERIOD

Definition

C1. Indicate reporting period used:

Begin Date (MMDDYY): 010111 End Date (MMDDYY): 123111
Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

◉ Yes ○ No ○ No Response Number of days open:

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 010111

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SCHEDULE D: FACILITIES AND SERVICES

Definition

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Your responses from 2010 (if 2011 not entered) or 2011 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	☑	☐	☐	☐
2. Pediatric medical-surgical care	☑	☐	☐	☐
3. Obstetrics: Level of Unit 2	☑	☐	☐	☐
4. Medical surgical intensive care	☑	☐	☐	☐
5. Cardiac Intensive care	☑	☐	☐	☐
6. Neonatal intensive care	☐	☐	☐	☐
7. Neonatal Intermediate care	☑	☐	☐	☐
8. Pediatric intensive care	☐	☐	☐	☐
9. Burn care	☐	☐	☐	☐
10. Other special care				
Specify:	☐	☐	☐	☐
# of beds:				
11. Other intensive care				
Specify:	☐	☐	☐	☐
# of beds:				
12. Physical Rehabilitation	☑	☐	☐	☐
13. Alcoholism-drug abuse or dependency care	☐	☐	☐	☐
14. Psychiatric care	☐	☐	☐	☐
15. Skilled nursing care	☑	☐	☐	☐
16. Intermediate nursing care	☐	☐	☐	☐
17. Acute long-term care	☐	☐	☐	☐
18. Other long-term care				
# of beds:	☐	☐	☐	☐

	Owned or provided by my	Provided through a formal contractual agreement or joint venture with	Provided by my	Provided by my Health System (in

Service Area	hospital or its subsidiary (1)	another provider that is not in my system or network (in my local community) (2)	network (in my local community) (3)	my local community) (4)
19. Other care				
Specify:	☐	☐	☐	☐
# of beds:				
20. Adult day care program	☐	☐	☐	☐
21. Airborne infection isolation room				
# of rooms: 8	☑	☐	☐	☐
22. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
23. Alzheimer Center	☐	☐	☐	☐
24. Ambulance services	☐	☐	☐	☐
25. Ambulatory surgery center	☑	☐	☐	☐
26. Arthritis treatment center	☐	☐	☐	☐
27. Assisted living	☐	☐	☐	☐
28. Auxiliary	☑	☐	☐	☐
29. Bariatric/weight control services	☐	☐	☐	☐
30. Birthing room - LDR room - LDRP room	☑	☐	☐	☐
31. Blood Donor Center	☐	☐	☐	☐
32. Breast cancer screening/mammograms	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
33. Cardiology services				
a. Adult Cardiology services	☑	☐	☐	☐
b. Pediatric Cardiology services	☐	☐	☐	☐
c. Adult diagnostic catheterization	☑	☐	☐	☐
d. Pediatric diagnostic catheterization	☐	☐	☐	☐
e. Adult interventional cardiac catheterization	☐	☐	☐	☐
f. Pediatric interventional cardiac catheterization	☐	☐	☐	☐
g. Adult cardiac surgery	☐	☐	☐	☐
h. Pediatric cardiac surgery	☐	☐	☐	☐
i. Adult cardiac electrophysiology	☐	☐	☐	☐
j. Pediatric cardiac electrophysiology	☐	☐	☐	☐
k. Cardiac rehabilitation	☐	☑	☐	☐
34. Case management	☑	☐	☐	☐
35. Chaplaincy/pastoral care services	☐	☐	☐	☐
36. Chemotherapy	☑	☐	☐	☐
37. Children's wellness program	☐	☐	☐	☐
38. Chiropractic services	☐	☐	☐	☐
39. Community outreach	☑	☐	☐	☐
40. Complementary and alternative medicine services	☐	☐	☐	☐

41. Computer assisted orthopedic surgery (CAOS)	☐	☐	☐	☐
42. Crisis prevention	☐	☐	☐	☐
43. Dental services	☐	☐	☐	☐
44. Emergency services				
a. Emergency department	☑	☐	☐	☐
b. Pediatric emergency department	☐	☐	☐	☐
c. Satellite Emergency Department	☐	☐	☐	☐
d. If you checked column 1 (44c), is the department open 24 hours a day, 7 days a week?		Yes ◉	No ○	No Response ○
e. Trauma center (certified). Level of unit (1-3): 2	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
45. Enabling services	☐	☐	☐	☐
46. End of life service				
a. Hospice program	☑	☐	☐	☐
b. Pain management program	☐	☐	☐	☐
c. Palliative care program	☐	☐	☐	☐
d. Inpatient palliative care unit	☐	☐	☐	☐
47. Endoscopic services				
a. Optical colonoscopy	☐	☐	☐	☐
b. Endoscopic ultrasound	☐	☐	☐	☐
c. Ablation of Barret's esophagus	☑	☐	☐	☐
d. Esophageal impedance study	☑	☐	☐	☐
e. Endoscopic retrograde cholangiopancreatography (ERCP)	☑	☐	☐	☐
48. Enrollment (insurance) assistance services	☐	☐	☐	☐
49. Extracorporeal shock wave lithotripter (ESWL)	☑	☐	☐	☐
50. Fitness center	☐	☐	☐	☐
51. Freestanding outpatient care center	☐	☐	☐	☐
52. Geriatric services	☐	☐	☐	☐
53. Health fair	☑	☐	☐	☐
54. Community Health Education	☑	☐	☐	☐
55. Health screenings	☑	☐	☐	☐
56. Health research	☐	☐	☐	☐
57. Hemodialysis	☐	☐	☐	☐
58. HIV-AIDS services	☐	☐	☐	☐
59. Home health services	☑	☐	☐	☐
60. Hospital-based outpatient care center-services	☑	☐	☐	☐
61. Immunization program	☐	☐	☐	☐
62. Indigent care clinic	☐	☐	☐	☐

Provided through a formal

Service Area	Owned or provided by my hospital or its subsidiary (1)	contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
63. Linguistic/translation services	☑	☐	☐	☐
64. Meals on wheels	☐	☐	☐	☐
65. Mobile Health Services	☐	☐	☐	☐
66. Neurological services	☑	☐	☐	☐
67. Nutrition programs	☑	☐	☐	☐
68. Occupational health services	☐	☐	☐	☐
69. Oncology services	☑	☐	☐	☐
70. Orthopedic services	☑	☐	☐	☐
71. Outpatient surgery	☑	☐	☐	☐
72. Patient Controlled Analgesia (PCA)	☑	☐	☐	☐
73. Patient education center	☐	☐	☐	☐
74. Patient representative services	☐	☐	☐	☐
75. Physical rehabilitation services				
a. Assistive technology center	☐	☐	☐	☐
b. Electrodiagnostic services	☐	☐	☐	☐
c. Physical rehabilitation outpatient services	☑	☐	☐	☐
d. Prosthetic and orthotic services	☑	☐	☐	☐
e. Robot-assisted walking therapy	☐	☐	☐	☐
f. Simulated rehabilitation environment	☐	☐	☐	☐
76. Primary care department	☐	☐	☐	☐
77. Psychiatric services				
a. Psychiatric child-adolescent services	☐	☐	☐	☐
b. Psychiatric consultation-liaison services	☐	☐	☐	☐
c. Psychiatric education services	☐	☐	☐	☐
d. Psychiatric emergency services	☑	☐	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
h. Psychiatric residential treatment	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
78. Radiology, diagnostic				
a. CT Scanner	☑	☐	☐	☐
b. Diagnostic radioisotope facility	☑	☐	☐	☐
c. Electron Beam Computed Tomography (EBCT)	☐	☐	☐	☐
d. Full-field digital mammography (FFDM)	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
e. Magnetic resonance imaging (MRI)	☑	☐	☐	☐
f. Intraoperative magnetic resonance imaging	☐	☐	☐	☐
g. multi-slice spiral computed tomography (<64+ slice CT)	☑	☐	☐	☐
h. multi-slice spiral computed tomography (64+ slice CT)	☑	☐	☐	☐
i. Positron emission tomography (PET)	☐	☐	☐	☐
j. Positron emission tomography/CT (PET/CT)	☐	☐	☐	☐
k. Single photon emission computerized tomography (SPECT)	☑	☐	☐	☐
l. Ultrasound	☑	☐	☐	☐
79. Radiology, therapeutic	☐	☐	☐	☐
a. Image-guided radiation therapy (IGRT)	☐	☐	☐	☐
b. Intensity-Modulated Radiation Therapy (IMRT)	☐	☐	☐	☐
c. Proton beam therapy	☐	☐	☐	☐
d. Shaped Beam Radiation System	☐	☐	☐	☐
e. Stereotactic radiosurgery	☐	☐	☐	☐
80. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
81. Retirement housing	☐	☐	☐	☐
82. Robotic surgery	☐	☐	☐	☐
83. Rural Health Clinic	☐	☐	☐	☐
84. Sleep Center	☐	☐	☐	☐
85. Social work services	☐	☐	☐	☐
86. Sports medicine	☐	☐	☐	☐
87. Support groups	☐	☐	☐	☐
88. Swing bed services	☐	☐	☐	☐
89. Teen outreach services	☐	☐	☐	☐
90. Tobacco treatment/cessation program	☐	☐	☐	☐
91. Transplant services				
a. Bone marrow transplant services	☐	☐	☐	☐
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐
d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
92. Transportation to health services	☐	☐	☐	☐
93. Urgent care center	☐	☐	☐	☐
94. Virtual colonoscopy	☐	☐	☐	☐
95. Volunteer services department	☐	☐	☐	☐
96. Women's health center/services	☐	☐	☐	☐

97. Wound Management Services ☐ ☐ ☐ ☐

D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2010	2011
1. Adult Open-Heart Surgical Operations		0
2. Pediatric Open-Heart Surgical Operations		0
3. Number of Heart Surgery Suites		0

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. **If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.**

Codes for Diagnostic Catheterizations	ICD-9-CM codes referring to Therapeutic Catheterizations
37.21 Right Heart Cardiac Catheterization	00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
37.22 Left Heart Cardiac Catheterization	35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
37.23 Combined Right and Left Heart Cardiac Catheterization	35.96 Percutaneous Valvuloplasty
	36.06 Insertion of Coronary Artery Stent(s)
	36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
	36.09 Other Removal of Coronary Artery Obstruction?
	37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

# of Mobile Labs:	# of Fixed Labs: 1

Patients	Adult		Pediatric	
	2010 Reported	2011	2010 Reported	2011
Diagnostic, Total	489	413		
Inpatient	333	276		
Outpatient	156	137		
Therapeutic, Total				
Inpatient				
Outpatient				
All Other, Total				
Inpatient				
Outpatient				

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:

	# of Procedures 2010	# of Procedures 2011
Inpatient	462	509
Outpatient	1428	1585
Total	1890	2094

D. PET Scanner (Include PET/CT; report PET procedures only)

# of Mobile Unit:	# of Fixed Units:

	# of Procedures 2010	# of Procedures 2011
Inpatient		0
Outpatient		0
Total		0

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			
2011	0	0	0
2. Gamma Knife			
2010			
2011	0	0	0

*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	4	4	1301	1209	3931	4172	5381
Cystoscopy	1	1					
Endoscopy	3	3	548	496	1096	895	1391
Other	2	2	3	8	13	14	22
TOTAL	10	10	1852	1713	5040	5081	6794

How many days per week may elective surgery be scheduled?

SCHEDULE E: LICENSED BEDS

Definition

Licensed Bed Capacity on last day of reporting period: 231

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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 2010	Beds Set Up and Staffed 2011	Admissions (Exclude Births) 2010	Admissions (Exclude Births) 2011	Discharges: Include Deaths (Exclude Newborns) 2010	Discharges: Include Deaths (Exclude Newborns) 2011	Total Patient Days Care (Exclude Newborns) 2010	Total Patient Days Care (Exclude Newborns) 2011
Acute and Subacute Care								
Adult Medical/Surgical	97	97	6210	6313	6204	6267	25381	22625
Obstetrical Level of Unit:	14	14	147	211	148	211	269	2018
Pediatric	14		302		303		515	

Medical/Surgical		14		207		207		432
Psychiatric - Total								
Age 0 to 64								
Age 65 and Older								
Rehabilitation - Total	23	23	211	195	212	198	3112	2814
Age 0 to 64			72	73	71	75	1121	1019
Age 65 and Older			139	122	141	123	1991	1795
Alcohol/Chemical Dependency (Detoxification)								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Inpatient)								
Age 0 to 64								
Age 65 and Older								
Other								
Please Specify:								
Unassigned								
Intensive Care								
Medical/Surgical (ICU)	10	10	198	153	199	153	1157	1962
Cardiac (CCU)	10	10	287	209	286	209	1415	2105
Pediatric								
Other								
Please Specify:								
Grand Total (Acute and Intensive Care)	168	168	7355	7288	7352	7245	31849	31956
Age 0 to 64			4469	4376	4459	4329	19089	15096
Age 65 and Older			2886	2912	2893	2916	12760	16860

	2010	2011
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	31640	31956
C. Number of Patients in Hospital on last day of reporting period	87	65
D. Medicare/Medicaid/MIAP Utilization		
- **Required by March 31, 2011 by S.C. Medically Indigent Assistance Act;** - Exclude newborns, swing beds, Medicaid admin. days and observation patients.		
1a. Total Medicare Inpatient Discharges - Title XVIII (include Managed Care)	3739	3705
1b. How many Medicare inpatient discharges were Medicare Managed Care?	374	368
2a. Total Medicare Inpatient Days (include Managed Care)	20738	19724
2b. How many Medicare inpatient days were Medicare Managed Care?	2125	1077
3a. Total Medicaid Inpatient Discharges - Title XIX (include Managed Care)	2267	1414
3b. How many Medicaid inpatient discharges were Medicaid Managed Care?	1519	986
4a. Total Medicaid Inpatient Days (include Managed Care)	6256	4738
4b. How many Medicaid inpatient days were Medicaid Managed Care?	3825	2711
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	176	156
6. Total S.C. MIAP Inpatient Days	489	436

F2. Nursing Home Care

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit	14	14	338	3421
B. Free-Standing on Hospital Campus				
C. Free-Standing off Campus				

F3. Residential Treatment Center For Children And Adolescents

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents				

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds:

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds						

F5. Medicaid Administrative Days Program

Admissions: 706 Patient Days: 2519

F6. Observation Patients

Patients: 300

F7. Obstetrics Unit

(for the reporting period)
Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2010 Reported	2011
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms		
2. Number of Delivery Rooms	3	3
3. Number of LDR Rooms	5	5
4. Number of LDRP Rooms		
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	14	14
2. Number of Newborn Patient Days	1400	1745
C. Birth and Death Records		
1. Number of Infants Born Alive	800	701

2. Number of Deaths of Infants Born Alive	3	3
3. Number of Fetal Deaths (Still-born)	8	6

D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2010 Reported					
2011					
Intermediate Care					
2010 Reported	4	1460	280	276	815
2011	4	1460	266	264	829
Continuing Care Care					
2010 Reported					
2011					

	2010 Reported	2011
Total Neonatal Special Care Patient Days		

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SCHEDULE G: OUTPATIENT UTILIZATION

Definition

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
- **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
- **(1) Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
- **(2) Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
- **(3) Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service. For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes (•) No ( ) No Response ( )

G2. Indicate emergency department category (if applicable for your facility):

Agency (TJC,DNV,Other):
Level: 2

G3. Indicate level of unit # for certified trauma department:

Level of unit #: 2
Source of designation (check all that apply):
- [ ] American College of Surgeons
- [x] State/Local Government
- [ ] Self Designation

G4. Which of the following best describes the type of triage system your emergency Department uses on a daily basis to determine which patients can wait to be seen and which need to be seen immediately:

- ○ Three (3) level system (emergent, urgent, non urgent, red, yellow, green)
- ○ Four (4) level system (emergent, unstable urgent, stable urgent, non-urgent)
- ◉ Five (5) level Emergency Severity Index (ESI)
- ○ Five (5) level system (Australasian, Manchester or Acuity Scale)
- ○ Other (please specify)
- ○ Don't know

G5.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgeries reported in Schedule D) (3)
	2010 reported	2011		
A. Visits (Total sum of 1, 2)*	31278	33701		
1. Non-Emergency Visits	8351	3370		
2. True Emergency Visits	22927	30331		
B. Visits Resulting in Admission to Hospital	4519	4875		

*Required by March 31, 2012 by S.C. Medically Indigent Assistance Act.

G6. In terms of location, your ambulatory care programs are:

(check all that apply):

- ☑ Within the hospital
- ☐ On hospital campus in a freestanding center
- ☐ Freestanding off campus
- ☐ No ambulatory care

G7. In terms of ownership, your ambulatory care programs are:

(check all that apply):

- ☐ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: HOSPITAL EMPLOYEES AS OF THE LAST DAY OF THE REPORTING PERIOD

Definition

H1. Hospital Employees:

- Information is requested on the total number of employees of the hospital 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 posted vacancies, should be consistent with payroll expenses reported on the

Financial Data Report.

- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- Do not include nursing home staff on this page.
- If there are staff positions that are shared between the hospital, a physician practice and nursing home, please record these staff as part-time employees.
- Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.
- Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number.
- Hours Reporting: for Full time, Part time, and Contract columns report hours as total hours accumulated over the reporting period (annual hours). For Posted Vacancies, report anticipated annual hours for the positions. (for example: Two, twenty hour per week part time Laboratory Techs each would have anticipated annual hours of 2x20x52= 2080).
- **Please round all values to the nearest whole number, do not enter commas or decimals as this will result in a loss of data.**

Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Administrative										
Hospital Administrator (CEO)	1	2080								
Assistant Hospital Administrators										
Chief Medical Officer (Medical Director)										
Chief Nursing Officer	1	2080								
Chief Operating Officer										
Chief Financial Officer	1	2080								
Other Administrators	3	5488								

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours

process.

Physicians and Dentists

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees "AHA Required"	Hours	Employees "AHA Required"	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Physicians										
Anesthesiologists										
Pathologists										
Psychiatrists										
Radiologists										
Physician Hospitalists										
Intensivists:										
Medical-surgical intensive care										
Cardiac intensive care										
Neonatal intensive care										
Pediatric intensive care										
Other intensive care										
ER Physicians										
All other physicians	1	2080								
Medical Interns and Residents										
Dentists										
Dental Interns and Residents										
Physicians Assistants										

Nursing Care

APRN										
Clinical Nurse Specialists - CNS										
Certified Registered Nurse Anesthetist - CRNA	1	2250								
Certified Nurse Midwife - CNM										
Other Nurse Practitioner - NP										
Registered Nurses										

(excluding the above categories)	174	324636	62	50262			4	6864	1	1248
Licensed Practical/Vocational Nurses	14	34239	9	8993			1	1872		
Nursing Assistive Care:										
Nursing Aides, Orderlies, Attendants	32	64087	6	3282						
Unit Clerk	14	28819	1	1148						
Employed sitters										
Other Nursing Assistive Personnel	50	89373	13	10470						
Pharmacy										
Manager/Supervision	1	2080								
Pharmacists, licensed	6	12051	1	266						
Pharmacy Technicians	8	16407	2	675						
Pharmacy, non-technical										

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Ancillary										
Radiology										
Manager/Supervision (non-physician)	2	4161								
MRI Technicians	1	2112	1	395						
CT Technicians	7	12526	2	251						
X-ray Technicians	4	7940	4	5331						
Other Radiology Technicians	5	10769	1	797						
Radiology non-technical										
Cath Lab										
Manager/Supervision (non-physician)	1	2083								
Cath Lab Technicians	2	4147								
Cath Lab non-technical										
Dialysis										
Manager/Supervision (non-physician)										
Dialysis Technicians										
Dialysis non-technical										
Laboratory										
Manager/Supervision	6	12426								

(non-physician)									
Laboratory Technicians	15	28866	3	384					
Laboratory non-technical	10	15926	5	7041					
EKG/EEG									
Manager/Supervision (non-physician)									
EKG/EEG Technicians			1	7					
EKG/EEG non-technical									
Respiratory									
Manager/Supervision (non-physician)	1	2205							
Respiratory Therapists	10	18586	11	8648					
Respiratory non-technical									
Rehabilitation									
Manager/Supervision (non-physician)	1	2080							
Occupational Therapists	4	8389	7	1561					
Physical Therapists	6	13375	12	7534					
Speech Therapists	1	2234	1	348					
Rehabilitation non-technical	1	1990							
All Other Health Professionals and Technical Personnel	10	19164	2	233					
				Non-Health					
Informational Technology	5	10972							
All Other Non-Health Professionals and Technical Personnel									
All Other Non-Health Non-Technical Personnel	145	285997	26	22200					
				Total					
Total Hospital Personnel	544	1053698	170	129826		5	8736	1	1248

H2. Privileged Physicians

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital:

	Total Employed	Total Individual Contract	Total Group Contract	Not Employed or Under Contract	Total Privileged
a. Primary care (General practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	3			26	29
b. Hospitalist			8		8
c. Intensivist					
d. Radiologist/pathologist/anesthesiologist	1	11	16		28
e. Emergency medicine			10		10
f. Other specialist	6			39	45
g. Total	10	11	34	65	120

H3. Hospitalists

Do hospitalists care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

H4. Intensivists

Do intensivists provide care for patients in your hospital? ○ Yes ◉ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Indicate below whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

Medical surgical intensive care: ○ Yes ○ No ○ No Response
Cardiac intensive care: ○ Yes ○ No ○ No Response
Neonatal surgical intensive care: ○ Yes ○ No ○ No Response
Pediatric intensive care: ○ Yes ○ No ○ No Response
Other intensive care: ○ Yes ○ No ○ No Response

H5. Advanced Practice Registered Nurses / Physician Assistants

Do advanced practice registered nurses or physician assistants provide care for patients in your hospital?
Advanced Practice Registered Nurses ○ Yes ◉ No ○ No Response
Physicians Assistants ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Please indicate the type of service the nurses provide (Please check all that apply).

Service	Advanced Practice Registered Nurses	Physicians Assistants
Anesthesia services (APRNS much be a certified registered nurse anesthetist))	☐	☐
Case management	☐	☐
Emergency department care	☐	☑
Patient education	☐	☐
Primary care	☐	☐
OB/Neonatal	☐	☑
Quality	☐	☐
Other specialty care	☐	☐
Other	☐	☐

H6. Baylor Type Nursing Positions

Does your Facility have Baylor Type nursing positions? ○ Yes ◉ No ○ No Response

If yes,

Are they considered: ○ Full-time ○ Part-time ◉ No Response
Are they eligible to recieve benefits? ○ Yes ○ No ◉ No Response

H7. Foreign Educated Nurses

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2011 vs. 2010?
More ○ Less ○ Same ○ Did not hire foreign nurses ◉
b. From which countries/continents are you recruiting foreign-educated nurses? (CHECK ALL THAT APPLY)

Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

H8. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

Number of New RN Graduates: 15

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SCHEDULE I: PHYSICIAN ARRANGEMENTS

Definition

I1. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ◉ No ○ No Response ○

I2. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ○ No ◉ No Response ○

I3a. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	My Hospital	Number of Physicians	My Health Network	My Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐		☐	☐
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐
I. Other (please specify):	☐		☐	☐

I3b. Looking across all the relationships identified in question I2a (above), what is the total number of physicians (count each physician only once) that are engaged in

an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level)?

Number of physicians:

I4. JOINT VENTURES

a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
Yes ◉ No ○ No Response ○

b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (check all that apply)
- ☐ Limited Service Hospital
- ☑ Ambulatory Surgical Centers
- ☐ Imaging Centers
- ☐ Other

c. If you selected "Limited Service Hospital", please tell us what type(s) of services are provided:
- ☐ Cardiac
- ☐ Orthopedic
- ☐ Surgical
- ☐ Other

d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?
Yes ○ No ◉ No Response ○

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SCHEDULE J: PAYER ARRANGEMENTS

Definition

J1. Has your hospital or health care system established, or in the process of establishing, an accountable care organization (ACO)?

Yes - Established ○ Yes - In Progress ○ No ○ No Response ○

If yes, please indicate the patient population that participates (or will participate) in the ACO.

Check all that apply	Yes/No	Name	Covered Lives
Medicaid	○ Yes ◉ No		
Medicare	○ Yes ◉ No		
Privately Insured	○ Yes ◉ No		
Other, please specify	○ Yes ◉ No		

J2. Does your hospital have an established medical home program?

○ Yes ◉ No ○ No Response

J3. Does your hospital, health system or health network have an equity interest in any of the following insurance products?

(Check all that apply). ** *Contractual relationships with HMOs and PPOs should not be reported here but in question J2.*

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:	My Hospital	My Health System	My Health Network	Joint Venture with Insurer
A. Health Maintenance Organization	☐	☐	☐	☐
B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J4. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) Yes ○ No ○ No Response ◉
How many contracts?
Preferred Provider Organization (PPO) Yes ○ No ○ No Response ◉
How many contracts?

J5. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") Percent: 0 %

J6. What percentage of the hospital's net revenue is paid on a shared risk basis?

Percent: 0 %

J7. What is the percent of Bad debt recoveries from Self Pay accounts receivable?

Percent: 1.5 %

J8. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?

Yes ○ No ◉ No Response ○

J9. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

Lives Covered:

SCHEDULE K: COMMUNITY ORIENTATION

Definition

K1. Community Benefit

1. Does your hospital's mission statement include a focus on community benefit? Yes ◉ No ○ No Response ○

2. Does your hospital have a long-term plan for improving health in the community?	Yes ◉	No ○	No Response ○
3. Does your hospital have a specific budget for its community benefit activities?	Yes ◉	No ○	No Response ○
4. Does your hospital have dedicated staff to manage community benefit activities?	Yes ◉	No ○	No Response ○
5. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)?	Yes ○	No ○	No Response ◉
6. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital?	Yes ◉	No ○	No Response ○
7. Does your hospital partner with your local school system to offer health and wellness programs to help your community?	Yes ◉	No ○	No Response ○
8. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	Yes ◉	No ○	No Response ○
9. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	Yes ◉	No ○	No Response ○
10a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	Yes ○	No ○	No Response ◉
10b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community?	Yes ○	No ○	No Response ◉
11. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	Yes ○	No ○	No Response ◉
12. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	Yes ○	No ○	No Response ◉
13. Does your hospital self-assess against Baldridge like criteria for sustained continuous improvement?	Yes ◉	No ○	No Response ○

K2. Diversity, Language and Leaders

1. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	Yes ◉	No ○	No Response ○
2. Does your hospital gather information on a patient's language at any point during their stay?	Yes ◉	No ○	No Response ○
3. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan?	Yes ◉	No ○	No Response ○
4. Does your hospital educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?	Yes ◉	No ○	No Response ○
5. Does your hospital require all employees to attend diversity training?	Yes ◉	No ○	No Response ○
6. Does the hospital's strategic plan include goals for improving quality of care of culturally and linguistically-diverse patient population?	Yes ○	No ◉	No Response ○
7. Does your hospital or health system currently have or plan to develop, execute or evaluate a leadership development program?	Yes ◉	No ○	No Response ○
8. Does your hospital or health system engage in leadership succession planning?	Yes ◉	No ○	No Response ○
9. Does your hospital or health system currently provide career development resources to administrators?	Yes ◉	No ○	No Response ○

K3. Other

Does your hospital provide services through one or more satellite facilities? Yes ○ No ○ No Response ◉

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SCHEDULE L: INFORMATION TECHNOLOGY

Definition

L1. Does your hospital have an electronic health record?

○ Yes, fully implemented ◉ Yes, partially implemented
○ No (if no, answer "No" to all of Question L2) ○ No Response

L2. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	○	◉	○	○
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	○	◉	○	○
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	○	◉	○	○
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	○	◉	○	○

L3. Does your Hospital store electronic laboratory tests in standard formats (LOINC/SNOMED)?

○ Yes, fully implemented ◉ Yes, partially implemented ○ No ○ No Response

L4. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	○	○	○	◉	○	○
2. Routinely order laboratory or other tests electronically?	○	○	○	◉	○	○

L5. Do you plan to attest as a Meaningful User of certified EHR technology and if so, in what federal fiscal year (FFY) will you achieve meaningful use for the first time?

○ Yes, attested in FFY 2011 (by Sep 30, 2011)
◉ Yes, in FFY 2012 (by Sep 30, 2012)
○ Yes, in FFY 2013 (by Sep 30, 2013)
○ Yes, by FFY 2015 (by Sep 30, 2015)
○ Not planning to attest
○ Not eligible for either Medicare or Medicaid EHR incentives
○ Do Not Know

Note: To qualify as a meaningful user for Medicare and Medicaid, a hospital must (1) possess EHR technology certified against all 24 objectives of meaningful use; (2) meet each of 14 "core" objectives of meaningful use, at least 1 public health objective, and at least 4 additional "menu set" objectives; and (3) report on each of 15 clinical quality measures generated directly from the certified EHR.

L6. Electronic Exchange of Clinical Information

a. Do you plan to exchange clinical information electronically with health care providers outside of your organization in the next two years?

◉ Yes, in 2012 (by December 31, 2012)
○ Yes, in 2013 (by December 31, 2013)
○ No plan to exchange information electronically outside of my organization in the next two years.
○ No Response

b. If yes, indicate the level of importance or need your organization places on electronic exchange of clinical information with the following provider types.

	Very Important	Important	Somewhat Important	Not Sure	No Response
Acute Care Hospitals					
Community Case Management or Disease Management Programs					
Community Free Medical Clinics					
Community Pharmacies					
Emergency Medical Service Providers					
Home Health/Hospice Programs					
Laboratories					
Military/Veteran Hospitals and Clinics					
Primary Care Physicians					
Rehabilitation Hospitals					
Renal Dialysis Facilities					
Skilled Nursing Facilities					
Specialty Care Physicians					
State Agencies					
Urgent Care Centers					
Wound Care Centers					

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SCHEDULE M: CARE COORDINATION

Definition

M1. Please indicate activities that your organization is engaged in to coordinate care across setting and extent to which they are used.

	Not Used at all (1)	Used Minimally	Used Moderately	Used Widely	Used Hospital-Wide (5)
a. Chronic care management processes or programs to manage patients with high-volume, high-cost diseases					
b. Use of predictive analytic tools to identify individual patients at high risk for poor outcomes or extraordinary resource use					
c. Prospective management of patients at high-risk for poor outcomes or extraordinary resource use by experienced case managers					
d. Assignment of case managers to patients at risk for hospital admission or readmission for outpatient follow-up					
e. Medication reconciliation as part of an established plan of care					
f. Provision of visit summaries to patients as part of all outpatient encounters and scheduling of follow-up visits and/or specialty referrals at the time of the initial encounter					
g. Post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile for adult medical-surgical patients in defined diagnostic categories or severity profiles					
h. Arrangement of home visits by physicians, advanced practice nurses or other professionals for homebound and complex patients for whom office visits constitute a physical hardship					

M2. Describe your hospital's processes for facilitating safe transitions. Check the appropriate box for each process administered.

	How is this process Administered (Check all that apply)				Is the process: (Mark Only One)	
	Verbally	Paper (mail/fax)	Electronic	Other	Standard	Ad Hoc

a. Identifying patients who transition between setting of care	☐	☐	☑	☐	○	○
b. Sharing clinical information between setting of care	☐	☐	☑	☐	○	○
c. Providing patient discharge summaries to primary care providers	☐	☐	☑	☐	○	○
d. Providing patient discharge summaries to other providers (e.g. rehabilitation hospitals)	☐	☐	☑	☐	○	○
e. Tracking the status of transitions including the timing of information exchange	☐	☐	☑	☐	○	○

SCHEDULE N: SUPPLEMENTAL INFORMATION

Definition

N1. Does your hospital outsource the HIM coding function under any of the following conditions?

	Yes	No	No Response
1. To handle backlog due to staff vacations or shortages.	○	○	○
2. Partially outsource during normal operations.	○	○	○
3. Completely outsourced during normal operations	○	○	○

N2. Social Media

A. Does your hospital use social media applications to conduct patient outreach or engage patients? ○ Yes ○ No ○ No Response

B. If yes, which social media applications does your hospital use for patient outreach or engagement? (check all that apply)

- ☐ Social networking service (e.g. Facebook, Google+, LinkedIn, etc.)
- ☐ Microblogging service (e.g. Twitter, Tumblr, etc.)
- ☐ Online video sharing
- ☐ Hospital's own website
- ☐ Hospital patient portal or personal health record
- ☐ Smart phone applications
- ☐ Other. Please describe
- ☐ Don't know

COMMENTS

Please enter any additional comments or explanations of your data below:

Completion

☐ Check here if you have completed this form and are ready for it to be reviewed by ORS and DHEC.

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Office of Research and Statistics
1919 Blanding Street
Columbia, SC 29201
(803) 898-9940

ahd.com

Profile - February 8, 2013

Springs Memorial Hospital

Lancaster, SC 29720
CMS Certification Number: 420036

Financial data for hospital cost report period ending 11/30/2011 (HCRIS 2058 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 01/10/2013. Definitions

Name and Address: **Springs Memorial Hospital**
800 West Meeting Street
Lancaster, SC 29720

Telephone number: (803) 286-1214

Hospital Website:
www.springsmemorial.com/pages/home.aspx

CMS Certification Number: 420036

Type of Facility: Short Term Acute Care

Type of Control: Proprietary, Other

Health Care System: Community Health Systems, Inc.
Brentwood, TN

System Website:
www.chs.net

General Med/Surg Beds: 143

Special Care Beds: 20

Total Employees: 526

Total Discharges: 6,875

Total Patient Days: 27,794

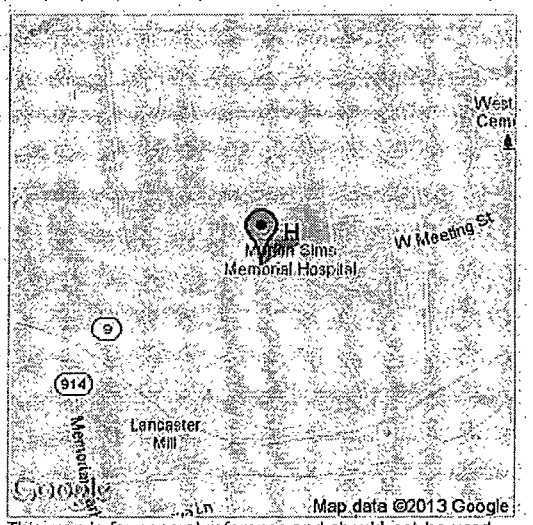
Total Patient Revenue: $554,301,408

County (FIPS code): SC057 - Lancaster, SC

CBSA (formerly MSA): 29580 - Lancaster, SC

Longitude / Latitude: 81° E / 35° N

NOTES



This map is for general reference and should not be used in seeking medical care.

Petitioner's Trial Exhibit 046B

Levitt.2013.00038836

Fiscal Intermediary: Mutual of Omaha

Urban / Rural Designation: Rural

Medicare Certified Beds: 217

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.

(SK&A contact information last updated 05/17/2012.)

No data are available for export.

Components (Medicare Certified)

NPI information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	420036	PPS	Other	07/01/1967	1437122926
Rehab Subprovider	42T036	PPS	Other	10/01/1986	1457324584
Hospital-Based SNF	425353	PPS	None	05/14/1997	1306811591

Associated NPIs

NPI information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1033322144	SPRINGS MEMORIAL HOSPITAL LANCASTER RECOVERY CENTER	800 W. MEETING STREET LANCASTER, SC 29720	(803) 286-1794
1306811591	LANCASTER HOSPITAL CORPORATION SPRINGS MEMORIAL HOSPITAL	800 W MEETING ST LANCASTER, SC 29720-2202	(803) 286-1214
1316124597	LANCASTER HOSPITAL CORPORATION SPRINGS MEMORIAL HOSPITAL	800 W MEETING ST LANCASTER, SC 29720-2202	(803) 286-1214
1437122926	LANCASTER HOSPITAL CORPORATION SPRINGS MEMORIAL HOSPITAL	800 W MEETING ST LANCASTER, SC 29720-2202	(803) 286-1214
1457324584	LANCASTER HOSPITAL CORPORATION SPRINGS MEMORIAL HOSPITAL	800 W MEETING ST LANCASTER, SC 29720-2202	(803) 286-1214

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	HealthTrust Purchasing Group 155 Franklin Road, Brentwood, TN 37027 http://www.healthtrustpg.com
Group Purchasing Organization (secondary):	RehabCare Group 7733 Forsyth Blvd, St Louis, TN 63105

Levitt.2013.00038837

	http://www.rehabcare.com/

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	143	$34,208,048	11,314	1,841	8,935	22,090
Intensive Care Unit	20	$13,865,048	2,367	360	1,221	3,948
Nursery		$2,644,356	N/A	444	1,312	1,756
Total Acute	**163**	**$50,717,452**	**13,681**	**2,645**	**11,468**	**27,794**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		2,926	614	3,335	6,875
Average Length of Stay		4.7	4.3	3.4	4.0
Average Daily Census		37.5	7.2	31.4	76.1

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Rehabilitation Unit	23	$4,522,527	2,035	335	537	2,907
Skilled Nursing (SNF) Unit	14	$5,335,543	2,831	0	614	3,445
Total Other	**37**	**$9,858,070**	**4,866**	**335**	**1,151**	**6,352**
Total Complex	**200**	**$60,575,522**	**18,547**	**2,980**	**12,619**	**34,146**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$198,795,646	$15,416,834	$340,088,928	$554,301,408

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	900
Outpatient Surgeries:	3,700
Births:	700
Outpatient Visits:	18,100
Emergency Room (Not Admitted):	11,500
Emergency Room (Admitted):	5,900

Clinical Services

Definitions

Cardiovascular Services
Cardiac Cath Lab
Vascular Intervention

Emergency Services
Emergency Department

Neurosciences
Electroencephalography (EEG)
Sleep Studies

Orthopedic Services
Arthroscopy

Other Services
Hemodialysis
Inpatient Surgery
Obstetrics

Radiology / Nuclear Medicine / Imaging
Computed Tomography (CT)
Computed Tomography-Angiography (CTA)
Magnetic Resonance Imaging (MRI)

Special Care
Intensive Care Unit (ICU)

Subprovider Units
Rehabilitation
Skilled Nursing (SNF)

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 06/05/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- No data are available.

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Data are not available

Date: 05/21/2012 2011 Hospital : DHEC ADMIN

Instructions/Definitions | Admin Page | Log Out

WARNING!
If you do not click the VALIDATE AND SAVE button at the bottom of this page before logging out or closing this page, any changes that you have made will be lost!
Please use your TAB key to move through the fields of this report.
This report is designed to be printed using the Portrait orientation with all print margins set to 0.25 inches.
Please check your Page Setup before printing.

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: EAST COOPER REGIONAL MED CTR
Name of Operating Authority: East Cooper Community Hospital
Building Ownership: Tenet Healthcare
Name of Person Completing Form: Donna Ford
Email Address of Person Completing Form: donna.ford@tenethealth.com
Phone: 843-416-6708
Chief Administrative Officer: Jason Alexander

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SCHEDULE B: CLASSIFICATION

Definition

Petitioner's Trial Exhibit 047A

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX.**

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
○ No Response			
○ State	○ Church-Operated	○ Individual	○ Air Force
○ County	○ Other not-for-profit (including NFP Corporation)	○ Partnership	○ Army
○ City		● Corporation	○ Navy
○ City, County		○ Limited Liability Corp.	○ Public Health Service
○ Hospital District or Authority			○ Veterans Administration
			○ PHS Indian Service
			○ Department of Justice
			○ Federal other than above

B2. SERVICE

Indicate the **ONE** category that best describes your hospital or the type of service it provides to the **MAJORITY** of patients. **CHECK ONLY ONE BOX**

- ○ No Response
- ● General Medical and Surgical
- ○ Hospital Unit of an Institution (e.g., Prison Hospital, College Infirmary)
- ○ Hospital Unit in an Institution for the Mentally Retarded
- ○ Surgical
- ○ Psychiatric
- ○ Obstetrics and Gynecology
- ○ Tuberculosis and Other Respiratory Diseases
- ○ Cancer
- ○ Heart
- ○ Acute long-term care hospital
- ○ Ear, Eye, Nose and Throat
- ○ Rehabilitation
- ○ Orthopedic
- ○ Chronic Disease
- ○ Institution for Mentally Retarded
- ○ Alcoholism and Other Chemical Dependency
- ○ Other (Specify Treatment Area)

B3. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated (arranged) within a general acute care hospital

○ Free standing LTCH ○ LTCH collocated (arranged) in a general acute care ● No Response

If you are collocated (arranged) in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B4. Does the hospital itself operate subsidiary corporations?

○ Yes ● No ○ No Response

B5. Is the hospital contract managed?

○ Yes ◉ No ○ No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:
City:
State:

B6. Is your hospital a participant in a network?

○ Yes ◉ No ○ No Response

If YES, please provide the name, address, and telephone for the network. If the hospital participates in more than one network, please provide the information for your additional networks in the comments section.

Name:
Address:
City:
State:
Zip:
Phone:

B7. Does the hospital participate in a group purchasing arrangement?

◉ Yes ○ No ○ No Response

If YES, please provide the name, city, state, and telephone of the group purchasing organization. If the hospital participates in more than one group purchasing organization please provide in the comment section at the end of the report.

Name: Med Assets
City: Dallas
State: TX
Phone: 888-883-6332

B8. Does the hospital purchase medical/surgical supplies directly through a distributor? If yes, please provide the name of the distributor?

◉ Yes ○ No ○ No Response Name of Distributor: Owens and Minor

B9. Who is your accrediting body?

JCAHO

B10. Does your hospital have a web site?

◉ Yes ○ No ○ No Response

If YES, please provide the address: www.eastcoopermedctr.com

B11. Does your hospital carry any of the following Medicare:

a) Rural area designations?
- ☐ Critical Access Hospital
- ☐ Sole Community Hospital
- ☐ Medicare Dependent Hospital

☐ Rural Referral Center
☑ None of the Above

b) Teaching designations?
○ Major Teaching Hospital
○ Minor Teaching Hospital
◉ Not Applicable

B12. Is your hospital a Medicare DSH Hospital?

◉ Yes ○ No ○ No Response

B13. Is your hospital owned in whole or in part by physicians or a physician group?

○ Yes ◉ No ○ No Response

B14. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

◉ Yes ○ No ○ No Response

If YES, please report the ten-digit NPI: 1821026816

b. Does your hospital also have a Subpart NPI?

○ Yes ◉ No ○ No Response

If YES, please report the Subpart NPI, provide the relevant taxonomy code to indicate the type of service provided and select the appropriate State licensure type.
If you possess more than six subpart NPIs, report those associated with freestanding facilities requiring state licensure (e.g. Ambulatory Surgery Facility, Home Heath, Hospice, Hospital, Nursing Home, RTF, etc.) first, and all remaining NPI subparts (number only) may be recorded in comments section.

State Licensure Type	Subpart NPI	Taxonomy Code
-		- None
-		- None
-		- None
-		- None
-		- None
-		- None

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SCHEDULE C: REPORTING PERIOD

Definition

C1. Indicate reporting period used:

Begin Date (MMDDYY): 010111 End Date (MMDDYY): 123111
Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

◉ Yes ○ No ○ No Response Number of days open:

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 010112

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SCHEDULE D: FACILITIES AND SERVICES

Definition

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Your responses from 2010 (if 2011 not entered) or 2011 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	☑	☐	☐	☐
2. Pediatric medical-surgical care	☐	☐	☐	☐
3. Obstetrics: Level of Unit 2	☑	☐	☐	☐
4. Medical surgical intensive care	☑	☐	☐	☐
5. Cardiac intensive care	☐	☐	☐	☐
6. Neonatal intensive care	☐	☐	☐	☐
7. Neonatal intermediate care	☑	☐	☐	☐
8. Pediatric intensive care	☐	☐	☐	☐
9. Burn care	☐	☐	☐	☐
10. Other special care Specify: PCU # of beds: 14	☑	☐	☐	☐
11. Other intensive care Specify: # of beds:	☐	☐	☐	☐
12. Physical Rehabilitation	☑	☐	☐	☐
13. Alcoholism-drug abuse or dependency care	☐	☐	☐	☐
14. Psychiatric care	☐	☐	☐	☐
15. Skilled nursing care	☐	☐	☐	☐
16. Intermediate nursing care	☐	☐	☐	☐
17. Acute long-term care	☐	☐	☐	☐
18. Other long-term care # of beds:	☐	☐	☐	☐

	Owned or provided by my	Provided through a formal contractual agreement or joint venture with	Provided by my	Provided by my Health System (in

Service Area	hospital or its subsidiary (1)	another provider that is not in my system or network (in my local community) (2)	network (in my local community) (3)	my local community) (4)
19. Other care				
Specify:	☐	☐	☐	☐
# of beds:				
20. Adult day care program	☐	☐	☐	☐
21. Airborne infection isolation room				
# of rooms: 18	☑	☐	☐	☐
22. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
23. Alzheimer Center	☐	☐	☐	☐
24. Ambulance services	☐	☑	☐	☐
25. Ambulatory surgery center	☐	☐	☐	☐
26. Arthritis treatment center	☐	☐	☐	☐
27. Assisted living	☐	☐	☐	☐
28. Auxiliary	☐	☐	☐	☐
29. Bariatric/weight control services	☐	☐	☐	☐
30. Birthing room - LDR room - LDRP room	☑	☐	☐	☐
31. Blood Donor Center	☐	☐	☐	☐
32. Breast cancer screening/mammograms	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
33. Cardiology services				
a. Adult Cardiology services	☑	☐	☐	☐
b. Pediatric Cardiology services	☐	☐	☐	☐
c. Adult diagnostic catheterization	☐	☐	☐	☐
d. Pediatric diagnostic catheterization	☐	☐	☐	☐
e. Adult interventional cardiac catheterization	☐	☐	☐	☐
f. Pediatric interventional cardiac catheterization	☐	☐	☐	☐
g. Adult cardiac surgery	☐	☐	☐	☐
h. Pediatric cardiac surgery	☐	☐	☐	☐
i. Adult cardiac electrophysiology	☐	☐	☐	☐
j. Pediatric cardiac electrophysiology	☐	☐	☐	☐
k. Cardiac rehabilitation	☐	☐	☐	☐
34. Case management	☑	☐	☑	☐
35. Chaplaincy/pastoral care services	☐	☐	☐	☐
36. Chemotherapy	☑	☐	☐	☐
37. Children's wellness program	☐	☐	☐	☐
38. Chiropractic services	☐	☐	☐	☐
39. Community outreach	☑	☐	☐	☐
40. Complementary and alternative medicine services	☐	☐	☐	☐

41. Computer assisted orthopedic surgery (CAOS)	☐	☐	☐	☐
42. Crisis prevention	☐	☐	☐	☐
43. Dental services	☐	☐	☐	☐
44. Emergency services				
a. Emergency department	☑	☐	☐	☐
b. Pediatric emergency department	☐	☐	☐	☐
c. Satellite Emergency Department	☐	☐	☐	☐
d. If you checked column 1 (44c), is the department open 24 hours a day, 7 days a week?		Yes ☐	No ☐	No Response ☐
e. Trauma center (certified). Level of unit (1-3): 3	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
45. Enabling services	☐	☐	☐	☐
46. End of life service				
a. Hospice program	☐	☑	☐	☐
b. Pain management program	☑	☐	☐	☐
c. Palliative care program	☑	☐	☐	☐
d. Inpatient palliative care unit	☐	☐	☐	☐
47. Endoscopic services				
a. Optical colonoscopy	☐	☐	☐	☐
b. Endoscopic ultrasound	☑	☐	☐	☐
c. Ablation of Barret's esophagus	☐	☐	☐	☐
d. Esophageal impedance study	☐	☐	☐	☐
e. Endoscopic retrograde cholangiopancreatography (ERCP)	☐	☐	☐	☐
48. Enrollment (insurance) assistance services	☐	☐	☐	☐
49. Extracorporeal shock wave lithotripter (ESWL)	☐	☑	☐	☐
50. Fitness center	☐	☐	☐	☐
51. Freestanding outpatient care center	☐	☐	☐	☐
52. Geriatric services	☐	☐	☐	☐
53. Health fair	☑	☐	☐	☐
54. Community Health Education	☑	☐	☐	☐
55. Health screenings	☑	☐	☐	☐
56. Health research	☑	☐	☐	☑
57. Hemodialysis	☐	☐	☐	☐
58. HIV-AIDS services	☐	☐	☐	☐
59. Home health services	☐	☐	☐	☐
60. Hospital-based outpatient care center-services	☑	☐	☐	☐
61. Immunization program	☐	☐	☐	☐
62. Indigent care clinic	☐	☐	☐	☐

Provided through a formal

Service Area	Owned or provided by my hospital or its subsidiary (1)	contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
63. Linguistic/translation services	☑	☑	☐	☐
64. Meals on wheels	☐	☐	☐	☐
65. Mobile Health Services	☐	☐	☐	☐
66. Neurological services	☑	☐	☐	☐
67. Nutrition programs	☑	☐	☐	☐
68. Occupational health services	☑	☐	☐	☐
69. Oncology services	☑	☐	☐	☐
70. Orthopedic services	☑	☐	☐	☐
71. Outpatient surgery	☑	☐	☐	☐
72. Patient Controlled Analgesia (PCA)	☑	☐	☐	☐
73. Patient education center	☑	☐	☐	☐
74. Patient representative services	☐	☐	☐	☐
75. Physical rehabilitation services				
a. Assistive technology center	☐	☐	☐	☐
b. Electrodiagnostic services	☑	☐	☐	☐
c. Physical rehabilitation outpatient services	☑	☐	☐	☐
d. Prosthetic and orthotic services	☑	☐	☐	☐
e. Robot-assisted walking therapy	☐	☐	☐	☐
f. Simulated rehabilitation environment	☐	☐	☐	☐
76. Primary care department	☐	☐	☐	☐
77. Psychiatric services				
a. Psychiatric child-adolescent services	☐	☐	☐	☐
b. Psychiatric consultation-liaison services	☐	☑	☐	☐
c. Psychiatric education services	☐	☐	☐	☐
d. Psychiatric emergency services	☐	☑	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
h. Psychiatric residential treatment	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
78. Radiology, diagnostic				
a. CT Scanner	☑	☐	☑	☑
b. Diagnostic radioisotope facility	☑	☐	☑	☑
c. Electron Beam Computed Tomography (EBCT)	☐	☐	☐	☐
d. Full-field digital mammography (FFDM)	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
e. Magnetic resonance imaging (MRI)	☑	☐	☐	☑
f. Intraoperative magnetic resonance imaging	☐	☐	☐	☐
g. multi-slice spiral computed tomography (<64+ slice CT)	☑	☐	☐	☐
h. multi-slice spiral computed tomography (64+ slice CT)	☑	☐	☐	☐
i. Positron emission tomography (PET)	☑	☐	☐	☑
j. Positron emission tomography/CT (PET/CT)	☐	☐	☐	☑
k. Single photon emission computerized tomography (SPECT)	☑	☐	☐	☐
l. Ultrasound	☑	☐	☐	☑
79. Radiology, therapeutic	☐	☐	☐	☐
a. Image-guided radiation therapy (IGRT)	☐	☐	☐	☐
b. Intensity-Modulated Radiation Therapy (IMRT)	☐	☐	☐	☐
c. Proton beam therapy	☐	☐	☐	☐
d. Shaped Beam Radiation System	☐	☐	☐	☐
e. Stereotactic radiosurgery	☐	☐	☐	☐
80. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
81. Retirement housing	☐	☐	☐	☐
82. Robotic surgery	☐	☐	☐	☐
83. Rural Health Clinic	☐	☐	☐	☐
84. Sleep Center	☑	☐	☐	☐
85. Social work services	☑	☐	☐	☐
86. Sports medicine	☑	☐	☐	☐
87. Support groups	☑	☐	☐	☐
88. Swing bed services	☐	☐	☐	☐
89. Teen outreach services	☐	☐	☐	☐
90. Tobacco treatment/cessation program	☑	☐	☐	☐
91. Transplant services				
a. Bone marrow transplant services	☐	☐	☐	☐
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐
d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
92. Transportation to health services	☐	☐	☐	☐
93. Urgent care center	☐	☐	☐	☐
94. Virtual colonoscopy	☐	☐	☐	☐
95. Volunteer services department	☑	☐	☐	☐
96. Women's health center/services	☑	☐	☐	☐

97. Wound Management Services ☑ ☐ ☐ ☐

D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2010	2011
1. Adult Open-Heart Surgical Operations	0	0
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	0	0

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. **If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.**

Codes for Diagnostic Catheterizations	ICD-9-CM codes referring to Therapeutic Catheterizations
37.21 Right Heart Cardiac Catheterization	00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
37.22 Left Heart Cardiac Catheterization	35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
37.23 Combined Right and Left Heart Cardiac Catheterization	35.96 Percutaneous Valvuloplasty
	36.06 Insertion of Coronary Artery Stent(s)
	36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
	36.09 Other Removal of Coronary Artery Obstruction?
	37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

# of Mobile Labs: 0 **# of Fixed Labs:** 0

Patients	Adult		Pediatric	
	2010 Reported	2011	2010 Reported	2011
Diagnostic, Total	0	0	0	0
Inpatient	0	0	0	0
Outpatient	0	0	0	0
Therapeutic, Total	0	0	0	0
Inpatient	0	0	0	0
Outpatient	0	0	0	0
All Other, Total	0	0	0	0
Inpatient	0	0	0	0
Outpatient	0	0	0	0

Note: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. Magnetic Resonance Imaging

# of Mobile Unit:	# of Fixed Units: 3

	# of Procedures 2010	# of Procedures 2011
Inpatient	345	301
Outpatient	831	1895
Total	1176	2196

D. PET Scanner (Include PET CT, report PET procedures only)

# of Mobile Unit: 0	# of Fixed Units: 0

	# of Procedures 2010	# of Procedures 2011
Inpatient	0	
Outpatient	0	
Total	0	

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	0	0	0
2011	0	0	0
2. Gamma Knife			
2010	0	0	0
2011	0	0	0

*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	8	8	2414	2256	3469	3273	5529
Cystoscopy	0		0		0		
Endoscopy	1	2	106	116	259	216	332
Other	0	2	0	16	0	773	789
TOTAL	9	12	2520	2388	3728	4262	6650

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: 140

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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 2010	Beds Set Up and Staffed 2011	Admissions (Exclude Births) 2010	Admissions (Exclude Births) 2011	Discharges: Include Deaths (Exclude Newborns) 2010	Discharges: Include Deaths (Exclude Newborns) 2011	Total Patient Days Care (Exclude Newborns) 2010	Total Patient Days Care (Exclude Newborns) 2011
Acute and Subacute Care								
Adult Medical/Surgical	66	66	1864	1761	2137	1921	6453	6174
Obstetrical Level of Unit:	38	38	2054	1724	2060	1727	5107	4339
Pediatric								

Medical/Surgical								
Psychiatric - Total								
Age 0 to 64								
Age 65 and Older								
Rehabilitation - Total								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Detoxification)								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Inpatient)								
Age 0 to 64								
Age 65 and Older								
Other								
Please Specify: PCU	14	14	475	606	418	621	2147	2795
Unassigned								
Intensive Care								
Medical/Surgical (ICU)	12	12	408	300	184	124	1529	1187
Cardiac (CCU)								
Pediatric								
Other								
Please Specify:								
Grand Total (Acute and Intensive Care)	130	130	4801	4391	4799	4393	15236	14495
Age 0 to 64			3502	3055	3503	3053	9901	8763
Age 65 and Older			1299	1336	1296	1334	5335	5732

	2010	2011
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	15922	15251
C. Number of Patients in Hospital on last day of reporting period	45	45

D. Medicare/Medicaid/MIAP Utilization

- **Required by March 31, 2011 by S.C. Medically Indigent Assistance Act.**
- Exclude newborns, swing beds, Medicaid admin. days and observation patients.

1a. Total Medicare Inpatient Discharges - Title XVIII (include Managed Care)	1484	1511
1b. How many Medicare inpatient discharges were Medicare Managed Care?	150	141
2a. Total Medicare Inpatient Days (include Managed Care)	6334	6480
2b. How many Medicare inpatient days were Medicare Managed Care?	591	547
3a. Total Medicaid Inpatient Discharges - Title XIX (include Managed Care)	469	403
3b. How many Medicaid inpatient discharges were Medicaid Managed Care?	268	274
4a. Total Medicaid Inpatient Days (include Managed Care)	1381	1520
4b. How many Medicaid inpatient days were Medicaid Managed Care?	698	899
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	26	13
6. Total S.C. MIAP Inpatient Days	110	59

F2. Nursing Home Care

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit				
B. Free-Standing on Hospital Campus				
C. Free-Standing off Campus				

F3. Residential Treatment Center For Children And Adolescents

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents				

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds:

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds						

F5. Medicaid Administrative Days Program

Admissions: 0 Patient Days: 0

F6. Observation Patients

Patients: 1527

F7. Obstetrics Unit

(for the reporting period)
Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2010 Reported	2011
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms	0	
2. Number of Delivery Rooms	0	
3. Number of LDR Rooms	14	14
4. Number of LDRP Rooms	0	
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	20	20
2. Number of Newborn Patient Days	3344	2812
C. Birth and Death Records		
1. Number of Infants Born Alive	1684	1428

2. Number of Deaths of Infants Born Alive	0	0
3. Number of Fetal Deaths (Still-born)	14	10

D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2010 Reported					
2011					
Intermediate Care					
2010 Reported	10	0	202	204	686
2011	10	0	168	165	756
Continuing Care Care					
2010 Reported					
2011					

	2010 Reported	2011
Total Neonatal Special Care Patient Days	686	756

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SCHEDULE G: OUTPATIENT UTILIZATION

Definition

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
- **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
- **(1) Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
- **(2) Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
- **(3) Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service.
  For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes (•) No ( ) No Response ( )

G2. Indicate emergency department category (if applicable for your facility):

Agency (TJC,DNV,Other): DHEC
Level: 3

G3. Indicate level of unit # for certified trauma department:

Level of unit #: 3
Source of designation (check all that apply):
- [ ] American College of Surgeons
- [x] State/Local Government
- [ ] Self Designation

G4. Which of the following best describes the type of triage system your emergency Department uses on a daily basis to determine which patients can wait to be seen and which need to be seen immediately:

- ○ Three (3) level system (emergent, urgent, non urgent, red, yellow, green)
- ○ Four (4) level system (emergent, unstable urgent, stable urgent, non-urgent)
- ◉ Five (5) level Emergency Severity Index (ESI)
- ○ Five (5) level system (Australasian, Manchester or Acuity Scale)
- ○ Other (please specify)
- ○ Don't know

G5.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgeries reported in Schedule D) (3)
	2010 reported	2011		
A. Visits (Total sum of 1, 2)*	18268	14755		37487
1. Non-Emergency Visits	3189	1896		
2. True Emergency Visits	15079	12859		
B. Visits Resulting in Admission to Hospital	1467	1299		

*Required by March 31, 2012 by S.C. Medically Indigent Assistance Act.

G6. In terms of location, your ambulatory care programs are:

(check all that apply):

- ☑ Within the hospital
- ☐ On hospital campus in a freestanding center
- ☑ Freestanding off campus
- ☐ No ambulatory care

G7. In terms of ownership, your ambulatory care programs are:

(check all that apply):

- ☑ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: HOSPITAL EMPLOYEES AS OF THE LAST DAY OF THE REPORTING PERIOD

Definition

H1. Hospital Employees:

- Information is requested on the total number of employees of the hospital 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 posted vacancies, should be consistent with payroll expenses reported on the

Financial Data Report.

- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- Do not include nursing home staff on this page.
- If there are staff positions that are shared between the hospital, a physician practice and nursing home, please record these staff as part-time employees.
- Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.
- Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number
- Hours Reporting: for Full time, Part time, and Contract columns report hours as total hours accumulated over the reporting period (annual hours). For Posted Vacancies, report anticipated annual hours for the positions. (for example: Two, twenty hour per week part time Laboratory Techs each would have anticipated annual hours of 2x20x52= 2080)
- **Please round all values to the nearest whole number, do not enter commas or decimals as this will result in a loss of data.**

Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Administrative										
Hospital Administrator (CEO)	1	2080								
Assistant Hospital Administrators										
Chief Medical Officer (Medical Director)										
Chief Nursing Officer	1	2080								
Chief Operating Officer	1	2080								
Chief Financial Officer	1	2080								
Other Administrators	2	4160								

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours

process.

Physicians and Dentists

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Physicians										
Anesthesiologists										
Pathologists										
Psychiatrists										
Radiologists										
Physician Hospitalists										
Intensivists:										
Medical-surgical intensive care										
Cardiac intensive care										
Neonatal intensive care										
Pediatric intensive care										
Other intensive care										
ER Physicians										
All other physicians										
Medical Interns and Residents										
Dentists										
Dental Interns and Residents										
Physicians Assistants										

Nursing Care

APRN										
Clinical Nurse Specialists - CNS										
Certified Registered Nurse Anesthetist - CRNA										
Certified Nurse Midwife - CNM										
Other Nurse Practitioner - NP										
Registered Nurses										

(excluding the above categories)	140	246064	71				12	24960	5	
Licensed Practical/Vocational Nurses	6	10816								
Nursing Assistive Care										
Nursing Aides, Orderlies, Attendants	16	28496	1				3	6240	1	
Unit Clerk	12	24128	2							
Employed sitters										
Other Nursing Assistive Personnel	28	53456	4							
Pharmacy										
Manager/Supervision							1	2080		
Pharmacists, licensed	8	16640	2							
Pharmacy Technicians	4	8320	2						1	
Pharmacy, non-technical										

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Ancillary										
Radiology										
Manager/Supervision (non-physician)	3	6240	1							
MRI Technicians	2	4160	1						1	
CT Technicians	4	8320	4				1	2080		
X-ray Technicians	9	18720	5				1	2080		
Other Radiology Technicians	10	20800	6				1	1248		
Radiology non-technical	1	2080	1							
Cath Lab										
Manager/Supervision (non-physician)										
Cath Lab Technicians										
Cath Lab non-technical										
Dialysis										
Manager/Supervision (non-physician)										
Dialysis Technicians										
Dialysis non-technical										
Laboratory										
Manager/Supervision	4	8320								

(non-physician)										
Laboratory Technicians	12	20800	2							
Laboratory non-technical	4	7488	1							
EKG/EEG										
Manager/Supervision (non-physician)	1	2080								
EKG/EEG Technicians	2	3744	3							
EKG/EEG non-technical										
Respiratory										
Manager/Supervision (non-physician)	1	2080								
Respiratory Therapists	6	11440	3							
Respiratory non-technical										
Rehabilitation										
Manager/Supervision (non-physician)	4	8320								
Occupational Therapists	2	4160	5				1	1248		
Physical Therapists	8	13728	8							
Speech Therapists	2	2912	9							
Rehabilitation non-technical	4	8320	2							
All Other Health Professionals and Technical Personnel	25	50336	2							
				Non-Health						
Informational Technology					8	16640				
All Other Non-Health Professionals and Technical Personnel	16	31460								
All Other Non-Health Non-Technical Personnel	24	52172	5		122	253760	2	4160		
				Total						
Total Hospital Personnel	364	688080	140		130	270400	22	44096	8	

H2. Privileged Physicians

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital:

	Total Employed	Total Individual Contract	Total Group Contract	Not Employed or Under Contract	Total Privileged
a. Primary care (General practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)				77	77
b. Hospitalist			6		6
c. Intensivist				6	6
d. Radiologist/pathologist/anesthesiologist			44		44
e. Emergency medicine			15		15
f. Other specialist			26	271	297
g. Total			91	354	445

H3. Hospitalists

Do hospitalists care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

H4. Intensivists

Do intensivists provide care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Indicate below whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

Medical surgical intensive care: ○ Yes ◉ No ○ No Response
Cardiac intensive care: ○ Yes ◉ No ○ No Response
Neonatal surgical intensive care: ○ Yes ◉ No ○ No Response
Pediatric intensive care: ○ Yes ◉ No ○ No Response
Other intensive care: ○ Yes ◉ No ○ No Response

H5. Advanced Practice Registered Nurses / Physician Assistants

Do advanced practice registered nurses or physician assistants provide care for patients in your hospital?
Advanced Practice Registered Nurses ◉ Yes ○ No ○ No Response
Physicians Assistants ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Please indicate the type of service the nurses provide (Please check all that apply).

Service	Advanced Practice Registered Nurses	Physicians Assistants
Anesthesia services (APRNS much be a certified registered nurse anesthetist))	☐	☐
Case management	☑	☑
Emergency department care	☑	☐
Patient education	☑	☐
Primary care	☐	☐
OB/Neonatal	☑	☑
Quality	☐	☐
Other specialty care	☑	☑
Other	☐	☐

H6. Baylor Type Nursing Positions

Does your Facility have Baylor Type nursing positions? ○ Yes ◉ No ○ No Response

If yes,

Are they considered: ○ Full-time ○ Part-time ◉ No Response
Are they eligible to recieve benefits? ○ Yes ○ No ◉ No Response

H7. Foreign Educated Nurses

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2011 vs. 2010?
More ○ Less ○ Same ○ Did not hire foreign nurses ◉
b. From which countries/continents are you recruiting foreign-educated nurses? (CHECK ALL THAT APPLY)

Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

H8. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

Number of New RN Graduates: 7

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SCHEDULE I: PHYSICIAN ARRANGEMENTS

Definition

I1. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ◉ No ○ No Response ○

I2. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ○ No ◉ No Response ○

I3a. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. Please refer to the network identified in **Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	My Hospital	Number of Physicians	My Health Network	My Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐		☐	☑
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐
I. Other (please specify):	☐		☐	☐

I3b. Looking across all the relationships identified in question I2a (above), what is the total number of physicians (count each physician only once) that are engaged in

an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level)?

Number of physicians:

I4. JOINT VENTURES

a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
Yes ◉ No ○ No Response ○

b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (check all that apply)
- ☐ Limited Service Hospital
- ☑ Ambulatory Surgical Centers
- ☑ Imaging Centers
- ☐ Other

c. If you selected "Limited Service Hospital", please tell us what type(s) of services are provided:
- ☐ Cardiac
- ☐ Orthopedic
- ☐ Surgical
- ☐ Other

d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?
Yes ○ No ◉ No Response ○

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SCHEDULE J: PAYER ARRANGEMENTS

Definition

J1. Has your hospital or health care system established, or in the process of establishing, an accountable care organization (ACO)?

Yes - Established ○ Yes - In Progress ◉ No ○ No Response ○

If yes, please indicate the patient population that participates (or will participate) in the ACO.

Check all that apply	Yes/No	Name	Covered Lives
Medicaid	○ Yes ◉ No		
Medicare	○ Yes ◉ No		
Privately Insured	○ Yes ◉ No		
Other, please specify	○ Yes ◉ No		

J2. Does your hospital have an established medical home program?

○ Yes ◉ No ○ No Response

J3. Does your hospital, health system or health network have an equity interest in any of the following insurance products?

(Check all that apply).. ** *Contractual relationships with HMOs and PPOs should not be reported here but in question J2.*

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:	My Hospital	My Health System	My Health Network	Joint Venture with Insurer
A. Health Maintenance Organization	☐	☐	☐	☐
B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J4. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) Yes ◉ No ○ No Response ○
How many contracts? 4
Preferred Provider Organization (PPO) Yes ◉ No ○ No Response ○
How many contracts? 40

J5. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") Percent: 0 %

J6. What percentage of the hospital's net revenue is paid on a shared risk basis?

Percent: 0 %

J7. What is the percent of Bad debt recoveries from Self Pay accounts receivable?

Percent: 11 %

J8. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?

Yes ○ No ◉ No Response ○

J9. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

Lives Covered:

SCHEDULE K: COMMUNITY ORIENTATION

Definition

K1. Community Benefit

1. Does your hospital's mission statement include a focus on community benefit? Yes ◉ No ○ No Response ○

2. Does your hospital have a long-term plan for improving health in the community?	Yes ◉	No ○	No Response ○
3. Does your hospital have a specific budget for its community benefit activities?	Yes ◉	No ○	No Response ○
4. Does your hospital have dedicated staff to manage community benefit activities?	Yes ◉	No ○	No Response ○
5. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)?	Yes ◉	No ○	No Response ○
6. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital?	Yes ◉	No ○	No Response ○
7. Does your hospital partner with your local school system to offer health and wellness programs to help your community?	Yes ◉	No ○	No Response ○
8. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	Yes ◉	No ○	No Response ○
9. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	Yes ◉	No ○	No Response ○
10a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	Yes ◉	No ○	No Response ○
10b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community?	Yes ◉	No ○	No Response ○
11. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	Yes ◉	No ○	No Response ○
12. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	Yes ◉	No ○	No Response ○
13. Does your hospital self-assess against Baldridge like criteria for sustained continuous improvement?	Yes ◉	No ○	No Response ○

K2. Diversity, Language and Leaders

1. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	Yes ◉	No ○	No Response ○
2. Does your hospital gather information on a patient's language at any point during their stay?	Yes ◉	No ○	No Response ○
3. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan?	Yes ◉	No ○	No Response ○
4. Does your hospital educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?	Yes ◉	No ○	No Response ○
5. Does your hospital require all employees to attend diversity training?	Yes ◉	No ○	No Response ○
6. Does the hospital's strategic plan include goals for improving quality of care of culturally and linguistically-diverse patient population?	Yes ◉	No ○	No Response ○
7. Does your hospital or health system currently have or plan to develop, execute or evaluate a leadership development program?	Yes ◉	No ○	No Response ○
8. Does your hospital or health system engage in leadership succession planning?	Yes ◉	No ○	No Response ○
9. Does your hospital or health system currently provide career development resources to administrators?	Yes ◉	No ○	No Response ○

K3. Other

Does your hospital provide services through one or more satellite facilities? Yes ◉ No ○ No Response ○

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SCHEDULE L: INFORMATION TECHNOLOGY

Definition

L1. Does your hospital have an electronic health record?

○ Yes, fully implemented ◉ Yes, partially implemented
○ No (if no, answer "No" to all of Question L2) ○ No Response

L2. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	○	◉	○	○
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	◉	○	○	○
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	○	○	○	◉
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	○	○	◉	○

L3. Does your Hospital store electronic laboratory tests in standard formats (LOINC/SNOMED)?

○ Yes, fully implemented ◉ Yes, partially implemented ○ No ○ No Response

L4. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	○	○	◉	○	○	○
2. Routinely order laboratory or other tests electronically?	○	○	◉	○	○	○

L5. Do you plan to attest as a Meaningful User of certified EHR technology and if so, in what federal fiscal year (FFY) will you achieve meaningful use for the first time?

○ Yes, attested in FFY 2011 (by Sep 30, 2011)
○ Yes, in FFY 2012 (by Sep 30, 2012)
◉ Yes, in FFY 2013 (by Sep 30, 2013)
○ Yes, by FFY 2015 (by Sep 30, 2015)
○ Not planning to attest
○ Not eligible for either Medicare or Medicaid EHR incentives
○ Do Not Know

Note: To qualify as a meaningful user for Medicare and Medicaid, a hospital must (1) possess EHR technology certified against all 24 objectives of meaningful use; (2) meet each of 14 "core" objectives of meaningful use, at least 1 public health objective, and at least 4 additional "menu set" objectives; and (3) report on each of 15 clinical quality measures generated directly from the certified EHR.

L6. Electronic Exchange of Clinical Information

a. Do you plan to exchange clinical information electronically with health care providers outside of your organization in the next two years?

◉ Yes, in 2012 (by December 31, 2012)
○ Yes, in 2013 (by December 31, 2013)
○ No plan to exchange information electronically outside of my organization in the next two years.
○ No Response

b. If yes, indicate the level of importance or need your organization places on electronic exchange of clinical information with the following provider types.

	Very Important	Important	Somewhat Important	Not Sure	No Response
Acute Care Hospitals					
Community Case Management or Disease Management Programs					
Community Free Medical Clinics					
Community Pharmacies					
Emergency Medical Service Providers					
Home Health/Hospice Programs					
Laboratories					
Military/Veteran Hospitals and Clinics					
Primary Care Physicians					
Rehabilitation Hospitals					
Renal Dialysis Facilities					
Skilled Nursing Facilities					
Specialty Care Physicians					
State Agencies					
Urgent Care Centers					
Wound Care Centers					

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SCHEDULE M: CARE COORDINATION

Definition

M1. Please indicate activities that your organization is engaged in to coordinate care across setting and extent to which they are used.

	Not Used at all (1)	Used Minimally	Used Moderately	Used Widely	Used Hospital-Wide (5)
a. Chronic care management processes or programs to manage patients with high-volume, high-cost diseases					
b. Use of predictive analytic tools to identify individual patients at high risk for poor outcomes or extraordinary resource use					
c. Prospective management of patients at high-risk for poor outcomes or extraordinary resource use by experienced case managers					
d. Assignment of case managers to patients at risk for hospital admission or readmission for outpatient follow-up					
e. Medication reconciliation as part of an established plan of care					
f. Provision of visit summaries to patients as part of all outpatient encounters and scheduling of follow-up visits and/or specialty referrals at the time of the initial encounter					
g. Post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile for adult medical-surgical patients in defined diagnostic categories or severity profiles					
h. Arrangement of home visits by physicians, advanced practice nurses or other professionals for homebound and complex patients for whom office visits constitute a physical hardship					

M2. Describe your hospital's processes for facilitating safe transitions. Check the appropriate box for each process administered.

	How is this process Administered (Check all that apply)				Is the process: (Mark Only One)	
	Verbally	Paper (mail/fax)	Electronic	Other	Standard	Ad Hoc

a. Identifying patients who transition between setting of care	☑	☑	☐	☐	◉	○
b. Sharing clinical information between setting of care	☑	☑	☐	☐	◉	○
c. Providing patient discharge summaries to primary care providers	☐	☑	☐	☐	◉	○
d. Providing patient discharge summaries to other providers (e.g. rehabilitation hospitals)	☐	☑	☐	☐	◉	○
e. Tracking the status of transitions including the timing of information exchange	☐	☑	☐	☐	◉	○

SCHEDULE N: SUPPLEMENTAL INFORMATION

Definition

N1. Does your hospital outsource the HIM coding function under any of the following conditions?

	Yes	No	No Response
1. To handle backlog due to staff vacations or shortages.	◉	○	○
2. Partially outsource during normal operations.	◉	○	○
3. Completely outsourced during normal operations	○	◉	○

N2. Social Media

A. Does your hospital use social media applications to conduct patient outreach or engage patients? ◉ Yes ○ No ○ No Response

B. If yes, which social media applications does your hospital use for patient outreach or engagement? (check all that apply)

- ☑ Social networking service (e.g. Facebook, Google+, LinkedIn, etc.)
- ☐ Microblogging service (e.g. Twitter, Tumblr, etc.)
- ☐ Online video sharing
- ☑ Hospital's own website
- ☐ Hospital patient portal or personal health record
- ☑ Smart phone applications
- ☐ Other. Please describe
- ☐ Don't know

COMMENTS

Please enter any additional comments or explanations of your data below:

Completion

☑ Check here if you have completed this form and are ready for it to be reviewed by ORS and DHEC.

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E-mail Us

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1919 Blanding Street
Columbia, SC 29201
(803) 898-9940

ahd.com

Profile - February 4, 2013

East Cooper Medical Center

Mount Pleasant, SC 29464
CMS Certification Number: 420089

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 6729 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 12/14/2012. Definitions

Name and Address: **East Cooper Medical Center**
2000 Hospital Drive
Mount Pleasant, SC 29464

Telephone number: (843) 881-0100

Hospital Website:
www.eastcoopermedctr.com/en-US/Pages/default.aspx

CMS Certification Number: 420089

Type of Facility: Short Term Acute Care

Type of Control: Proprietary, Corporation

Health Care System: TENET Healthcare
Dallas, TX

System Website:
www.tenethealth.com

General Med/Surg Beds: 118

Special Care Beds: 22

Total Employees: 350

Total Discharges: 4,558

Total Patient Days: 17,681

Total Patient Revenue: $375,636,064

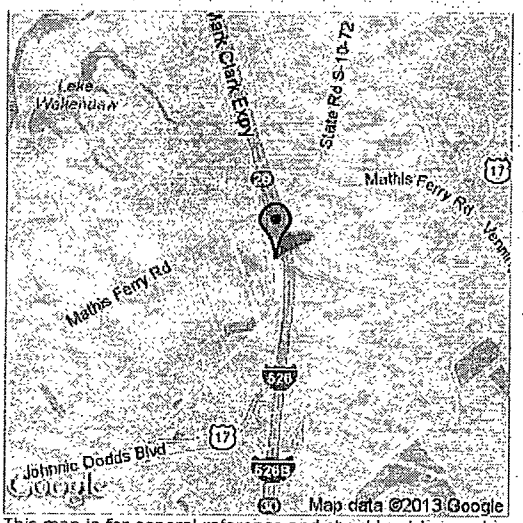
County (FIPS code): SC019 - Charleston, SC

CBSA (formerly MSA): 16700 - Charleston-North Charleston, SC

Longitude /

NOTES

This facility moved to its new location on April 1, 2010. The hospital was East Cooper Regional Medical Center.



This map is for general reference and should not be used in seeking medical care.

Petitioner's Trial Exhibit 047B

Levitt.2013.00038801

Latitude: 80° E / 33° N

Fiscal Intermediary: TrailBlazer Health Enterprises, LLC

Urban / Rural Designation: Urban

Medicare Certified Beds: 140

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.

(SK&A contact information last updated 05/17/2012.)

No data are available for export.

Components (Medicare Certified)

NPI information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	420089	PPS	PPS	01/08/1986	1821026816

Associated NPIs

NPI Information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1821026816	EAST COOPER COMMUNITY HOSPITAL, INC. EAST COOPER MEDICAL CENTER	2000 HOSPITAL DRIVE MT PLEASANT, SC 29464-3764	(843) 881-0100

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Data are not available.

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	118	$23,953,840	5,191	618	6,919	12,728
Intensive Care Unit	12	$5,216,235	730	46	411	1,187
Neonatal Intensive Care	10	$2,407,033	0	61	695	756
Nursery		$3,121,500	N/A	179	2,831	3,010
Total Acute	**140**	**$34,698,608**	**5,921**	**904**	**10,856**	**17,681**

	Discharges / ALOS / ADC			
	Medicare	Medicaid	Other	Total

Levitt.2013.00038802

Discharges		1,327	129	3,102	4,558
Average Length of Stay		4.5	7.0	3.5	3.9
Average Daily Census		16.2	2.5	29.7	48.4

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Total Other	**0**	**$0**	**0**	**0**	**0**	**0**
Total Complex	**140**	**$34,698,608**	**5,921**	**904**	**10,856**	**17,681**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$118,101,123	$6,494,837	$251,040,104	$375,636,064

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	2,100
Outpatient Surgeries:	3,400
Births:	1,300
Outpatient Visits:	20,100
Emergency Room (Not Admitted):	12,200
Emergency Room (Admitted):	2,600

Clinical Services

Definitions

Neurosciences
- Sleep Studies

Orthopedic Services
- Arthroscopy
- Spine Surgery

Other Services
- Hemodialysis
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care
- Intensive Care Unit (ICU)
- Neonatal Intensive Care

Wound Care
- Wound Care

Joint Commission Accreditation

Levitt.2013.00038803

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 08/06/2010 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- No data are available.

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Actively involved as major participant in ACGME-accredited specialty and subspecialty programs

Date: 04/23/2012 2011 Hospital : DHEC ADMIN

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Please check your Page Setup before printing.

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: WACCAMAW COMMUNITY HOSPITAL
Name of Operating Authority: Georgetown Hospital System
Building Ownership: Waccamaw Community 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

Petitioner's Trial Exhibit 048A

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX**.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
○ No Response			
○ State	○ Church-Operated	○ Individual	○ Air Force
○ County	◉ Other not-for-profit (including NFP Corporation)	○ Partnership	○ Army
○ City		○ Corporation	○ Navy
○ City, County		○ Limited Liability Corp.	○ Public Health Service
○ Hospital District or Authority			○ Veterans Administration
			○ PHS Indian Service
			○ Department of Justice
			○ Federal other than above

B2. SERVICE

Indicate the **ONE** category that best describes your hospital or the type of service it provides to the **MAJORITY** of patients. **CHECK ONLY ONE BOX**.

- ○ No Response
- ◉ General Medical and Surgical
- ○ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ○ Hospital Unit in an Institution for the Mentally Retarded
- ○ Surgical
- ○ Psychiatric
- ○ Obstetrics and Gynecology
- ○ Tuberculosis and Other Respiratory Diseases
- ○ Cancer
- ○ Heart
- ○ Acute long-term care hospital
- ○ Ear, Eye, Nose and Throat
- ○ Rehabilitation
- ○ Orthopedic
- ○ Chronic Disease
- ○ Institution for Mentally Retarded
- ○ Alcoholism and Other Chemical Dependency
- ○ Other (Specify Treatment Area)

B3. If you checked Long Term Acute Care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated (arranged) within a general acute care hospital

○ Free standing LTCH ○ LTCH collocated (arranged) in a general acute care ◉ No Response

If you are collocated (arranged) in a general acute care hospital, please provide the name, city, and state of your host hospital.

Name:

City:

State:

B4. Does the hospital itself operate subsidiary corporations?

○ Yes ◉ No ○ No Response

B5. Is the hospital contract managed?

(•) Yes ( ) No ( ) No Response

If YES, please provide the name, city and state for the organization that manages the hospital.

Name: Quorum Health Resources, LLC
City: Brentwood
State: TN

B6. Is your hospital a participant in a network?

( ) Yes (•) No ( ) No Response

If YES, please provide the name, address, and telephone for the network. If the hospital participates in more than one network, please provide the information for your additional networks in the comments section.

Name:
Address:
City:
State:
Zip:
Phone:

B7. Does the hospital participate in a group purchasing arrangement?

(•) Yes ( ) No ( ) No Response

If YES, please provide the name, city, state, and telephone of the group purchasing organization. If the hospital participates in more than one group purchasing organization please provide in the comment section at the end of the report.

Name: HealthTrust Purchasing Group
City: Nashville
State: TN
Phone: (615)344-3114

B8. Does the hospital purchase medical/surgical supplies directly through a distributor? If yes, please provide the name of the distributor?

(•) Yes ( ) No ( ) No Response Name of Distributor: Cardinal, Medline

B9. Who is your accrediting body?

Joint Commission

B10. Does your hospital have a web site?

(•) Yes ( ) No ( ) No Response

If YES, please provide the address: http://www.georgetownhospitalsystem.org

B11. Does your hospital carry any of the following Medicare:

a) Rural area designations?
- [ ] Critical Access Hospital
- [x] Sole Community Hospital
- [ ] Medicare Dependent Hospital

☐ Rural Referral Center
☑ None of the Above

b) Teaching designations?
○ Major Teaching Hospital
○ Minor Teaching Hospital
◉ Not Applicable

B12. Is your hospital a Medicare DSH Hospital?

○ Yes ◉ No ○ No Response

B13. Is your hospital owned in whole or in part by physicians or a physician group?

○ Yes ◉ No ○ No Response

B14. NATIONAL PROVIDER IDENTIFIER (NPI)

a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?

◉ Yes ○ No ○ No Response

If YES, please report the ten-digit NPI: 1972503910

b. Does your hospital also have a Subpart NPI?

○ Yes ○ No ◉ No Response

If YES, please report the Subpart NPI, provide the relevant taxonomy code to indicate the type of service provided and select the appropriate State licensure type.
If you possess more than six subpart NPIs, report those associated with freestanding facilities requiring state licensure (e.g. Ambulatory Surgery Facility, Home Heath, Hospice, Hospital, Nursing Home, RTF, etc.) first, and all remaining NPI subparts (number only) may be recorded in comments section.

State Licensure Type	Subpart NPI	Taxonomy Code
-		- None
-		- None
-		- None
-		- None
-		- None
-		- None

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SCHEDULE C: REPORTING PERIOD

Definition

C1. Indicate reporting period used:

Begin Date (MMDDYY): 100110 End Date (MMDDYY): 093011
Number of Days: 365

C2. In operation 12 full months at the end of reporting period?

◉ Yes ○ No ○ No Response Number of days open:

C3. Indicate the beginning of your current fiscal year:

Fiscal Year Begin Date (MMDDYY): 100111

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SCHEDULE D: FACILITIES AND SERVICES

Definition

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Your responses from 2010 (if 2011 not entered) or 2011 (if entered) are checked below. Please review the list of services carefully, as new categories have been added this year.

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
1. General medical-surgical care	☑	☐	☐	☐
2. Pediatric medical-surgical care	☑	☐	☐	☐
3. Obstetrics: Level of Unit 2	☑	☐	☐	☐
4. Medical surgical intensive care	☑	☐	☐	☐
5. Cardiac intensive care	☑	☐	☐	☐
6. Neonatal intensive care	☐	☐	☐	☐
7. Neonatal Intermediate care	☑	☐	☐	☐
8. Pediatric intensive care	☐	☐	☐	☐
9. Burn care	☐	☐	☐	☐
10. Other special care Specify: # of beds:	☐	☐	☐	☐
11. Other intensive care Specify: # of beds:	☐	☐	☐	☐
12. Physical Rehabilitation	☑	☐	☐	☐
13. Alcoholism-drug abuse or dependency care	☐	☐	☐	☐
14. Psychiatric care	☐	☐	☐	☐
15. Skilled nursing care	☐	☐	☐	☐
16. Intermediate nursing care	☐	☐	☐	☐
17. Acute long-term care	☐	☐	☐	☐
18. Other long-term care # of beds:	☐	☐	☐	☐

	Owned or provided by my	Provided through a formal contractual agreement or joint venture with	Provided by my	Provided by my Health System (in

Service Area	hospital or its subsidiary (1)	another provider that is not in my system or network (in my local community) (2)	network (in my local community) (3)	my local community) (4)
19. Other care				
Specify: Acute Rehab # of beds: 43	☑	☐	☐	☐
20. Adult day care program	☐	☐	☐	☐
21. Airborne infection isolation room # of rooms: 25	☑	☐	☐	☐
22. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
23. Alzheimer Center	☐	☐	☐	☐
24. Ambulance services	☐	☐	☐	☐
25. Ambulatory surgery center	☐	☐	☐	☐
26. Arthritis treatment center	☐	☐	☐	☐
27. Assisted living	☐	☐	☐	☐
28. Auxiliary	☑	☐	☐	☐
29. Bariatric/weight control services	☐	☐	☐	☑
30. Birthing room - LDR room - LDRP room	☑	☐	☐	☐
31. Blood Donor Center	☐	☐	☐	☐
32. Breast cancer screening/mammograms	☑	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
33. Cardiology services				
a. Adult Cardiology services	☑	☐	☐	☐
b. Pediatric Cardiology services	☐	☐	☐	☐
c. Adult diagnostic catheterization	☐	☐	☐	☑
d. Pediatric diagnostic catheterization	☐	☐	☐	☐
e. Adult interventional cardiac catheterization	☐	☐	☐	☑
f. Pediatric interventional cardiac catheterization	☐	☐	☐	☐
g. Adult cardiac surgery	☐	☐	☐	☐
h. Pediatric cardiac surgery	☐	☐	☐	☐
i. Adult cardiac electrophysiology	☐	☐	☐	☑
j. Pediatric cardiac electrophysiology	☐	☐	☐	☐
k. Cardiac rehabilitation	☐	☐	☐	☑
34. Case management	☑	☐	☐	☐
35. Chaplaincy/pastoral care services	☑	☐	☐	☐
36. Chemotherapy	☑	☐	☐	☐
37. Children's wellness program	☑	☐	☐	☐
38. Chiropractic services	☐	☐	☐	☐
39. Community outreach	☑	☐	☐	☐
40. Complementary and alternative medicine services	☐	☐	☐	☐

41. Computer assisted orthopedic surgery (CAOS)	☑	☐	☐	☐
42. Crisis prevention	☐	☐	☐	☐
43. Dental services	☑	☐	☐	☐
44. Emergency services				
a. Emergency department	☑	☐	☐	☐
b. Pediatric emergency department	☐	☐	☐	☐
c. Satellite Emergency Department	☐	☐	☐	☐
d. If you checked column 1 (44c), is the department open 24 hours a day, 7 days a week?		Yes ○	No ○	No Response ○
e. Trauma center (certified). Level of unit (1-3):	☐	☐	☐	☐

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45. Enabling services	☑	☐	☐	☐
46. End of life service				
a. Hospice program	☐	☑	☐	☐
b. Pain management program	☑	☐	☐	☐
c. Palliative care program	☑	☐	☐	☐
d. Inpatient palliative care unit	☐	☐	☐	☐
47. Endoscopic services				
a. Optical colonoscopy	☑	☐	☐	☐
b. Endoscopic ultrasound	☐	☐	☐	☐
c. Ablation of Barret's esophagus	☐	☐	☐	☐
d. Esophageal impedance study	☐	☐	☐	☐
e. Endoscopic retrograde cholangiopancreatography (ERCP)	☐	☐	☐	☐
48. Enrollment (insurance) assistance services	☑	☐	☐	☐
49. Extracorporeal shock wave lithotripter (ESWL)	☑	☐	☐	☐
50. Fitness center	☐	☐	☐	☑
51. Freestanding outpatient care center	☐	☐	☐	☑
52. Geriatric services	☑	☐	☐	☐
53. Health fair	☐	☐	☐	☑
54. Community Health Education	☐	☐	☐	☑
55. Health screenings	☐	☐	☐	☑
56. Health research	☐	☐	☐	☐
57. Hemodialysis	☑	☐	☐	☐
58. HIV-AIDS services	☑	☐	☐	☐
59. Home health services	☐	☑	☐	☐
60. Hospital-based outpatient care center-services	☐	☐	☐	☑
61. Immunization program	☑	☐	☐	☐
62. Indigent care clinic	☐	☐	☐	☑

Provided through a formal

Service Area	Owned or provided by my hospital or its subsidiary (1)	contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
63. Linguistic/translation services	☑	☐	☐	☑
64. Meals on wheels	☐	☐	☐	☐
65. Mobile Health Services	☐	☐	☐	☐
66. Neurological services	☑	☐	☐	☐
67. Nutrition programs	☑	☐	☑	☑
68. Occupational health services	☑	☐	☐	☐
69. Oncology services	☑	☐	☐	☐
70. Orthopedic services	☑	☐	☐	☐
71. Outpatient surgery	☑	☐	☐	☐
72. Patient Controlled Analgesia (PCA)	☑	☐	☐	☐
73. Patient education center	☑	☐	☐	☐
74. Patient representative services	☑	☐	☐	☐
75. Physical rehabilitation services				
a. Assistive technology center	☐	☐	☐	☐
b. Electrodiagnostic services	☐	☐	☐	☐
c. Physical rehabilitation outpatient services	☐	☐	☐	☑
d. Prosthetic and orthotic services	☐	☐	☐	☑
e. Robot-assisted walking therapy	☐	☐	☐	☐
f. Simulated rehabilitation environment	☑	☐	☐	☐
76. Primary care department	☑	☐	☐	☐
77. Psychiatric services				
a. Psychiatric child-adolescent services	☐	☐	☐	☐
b. Psychiatric consultation-liaison services	☑	☐	☐	☐
c. Psychiatric education services	☐	☐	☐	☐
d. Psychiatric emergency services	☑	☑	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
h. Psychiatric residential treatment	☐	☐	☐	☐

Service Area	Owned or provided by my hospital or its subsidiary (1)	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community) (2)	Provided by my network (in my local community) (3)	Provided by my Health System (in my local community) (4)
78. Radiology, diagnostic				
a. CT Scanner	☑	☐	☐	☐
b. Diagnostic radioisotope facility	☑	☐	☐	☐
c. Electron Beam Computed Tomography (EBCT)	☑	☐	☐	☐
d. Full-field digital mammography (FFDM)	☑	☐	☐	☐

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e. Magnetic resonance imaging (MRI)	☑	☐	☐	☐
f. Intraoperative magnetic resonance imaging	☐	☐	☐	☐
g. multi-slice spiral computed tomography (<64+ slice CT)	☐	☐	☐	☐
h. multi-slice spiral computed tomography (64+ slice CT)	☑	☐	☐	☐
i. Positron emission tomography (PET)	☐	☐	☐	☐
j. Positron emission tomography/CT (PET/CT)	☐	☑	☐	☐
k. Single photon emission computerized tomography (SPECT)	☑	☐	☐	☐
l. Ultrasound	☑	☐	☐	☑
79. Radiology, therapeutic	☐	☐	☐	☑
a. Image-guided radiation therapy (IGRT)	☐	☐	☐	☑
b. Intensity-Modulated Radiation Therapy (IMRT)	☐	☐	☐	☑
c. Proton beam therapy	☐	☐	☐	☐
d. Shaped Beam Radiation System	☐	☐	☐	☑
e. Stereotactic radiosurgery	☐	☐	☐	☐
80. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
81. Retirement housing	☐	☐	☐	☐
82. Robotic surgery	☐	☐	☐	☐
83. Rural Health Clinic	☐	☐	☐	☐
84. Sleep Center	☐	☐	☐	☑
85. Social work services	☑	☐	☐	☐
86. Sports medicine	☐	☐	☐	☑
87. Support groups	☐	☐	☐	☑
88. Swing bed services	☐	☐	☐	☐
89. Teen outreach services	☐	☐	☐	☐
90. Tobacco treatment/cessation program	☐	☐	☐	☑
91. Transplant services				
a. Bone marrow transplant services	☐	☐	☐	☐
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐
d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
92. Transportation to health services	☐	☑	☐	☐
93. Urgent care center	☐	☐	☐	☐
94. Virtual colonoscopy	☐	☐	☐	☐
95. Volunteer services department	☑	☐	☐	☐
96. Women's health center/services	☑	☐	☐	☐

97. Wound Management Services ☑ ☐ ☐ ☐

D2. Selected Service Utilization

(For the Reporting Period)

A. Heart Surgery

Heart Surgeries should be identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

	Reported 2010	2011
1. Adult Open-Heart Surgical Operations		
2. Pediatric Open-Heart Surgical Operations		
3. Number of Heart Surgery Suites		

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

Only the ICD-9-CM codes listed below should be counted. All other procedures performed in the cardiac cath lab should be reported under "All Other, Total." Please report the number of patients having cardiac catheterization procedures, regardless of the number of procedures performed during that visit to the cath lab. **If a patient has a diagnostic cath followed by a therapeutic cath within the same lab visit, please only report it as a single therapeutic cath on the JAR.**

Codes for Diagnostic Catheterizations	ICD-9-CM codes referring to Therapeutic Catheterizations
37.21 Right Heart Cardiac Catheterization	00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
37.22 Left Heart Cardiac Catheterization	35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
37.23 Combined Right and Left Heart Cardiac Catheterization	35.96 Percutaneous Valvuloplasty
	36.06 Insertion of Coronary Artery Stent(s)
	36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
	36.09 Other Removal of Coronary Artery Obstruction?
	37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

# of Mobile Labs:	# of Fixed Labs:

Patients	Adult		Pediatric	
	2010 Reported	2011	2010 Reported	2011
Diagnostic, Total				
Inpatient				
Outpatient				
Therapeutic, Total				
Inpatient				
Outpatient				
All Other, Total				
Inpatient				
Outpatient				

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: 2

	# of Procedures 2010	# of Procedures 2011
Inpatient	1182	1277
Outpatient	2949	2971
Total	4131	4248

D. PET Scanner (Include PET CT, report PET procedures only)

# of Mobile Unit: 1	# of Fixed Units:

	# of Procedures 2010	# of Procedures 2011
Inpatient	3	5
Outpatient	221	315
Total	224	320

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			
2011			
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	4	5	1760	1729	2097	2211	3940
Cystoscopy							
Endoscopy	1	1	507	848	984	1384	2232
Other							
TOTAL	5	6	2267	2577	3081	3595	6172

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: 167

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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 2010	Beds Set Up and Staffed 2011	Admissions (Exclude Births) 2010	Admissions (Exclude Births) 2011	Discharges: Include Deaths (Exclude Newborns) 2010	Discharges: Include Deaths (Exclude Newborns) 2011	Total Patient Days Care (Exclude Newborns) 2010	Total Patient Days Care (Exclude Newborns) 2011
Acute and Subacute Care								
Adult Medical/Surgical	88	88	4250	4603	4844	5169	18151	19508
Obstetrical Level of Unit: 2	19	19	1794	1708	1860	1788	4956	4940
Pediatric								

Medical/Surgical								
Psychiatric - Total								
Age 0 to 64								
Age 65 and Older								
Rehabilitation - Total	43	43	1064	1001	1057	1006	13417	13796
Age 0 to 64			909	177	898	175	11413	2424
Age 65 and Older			155	824	159	831	2004	11372
Alcohol/Chemical Dependency (Detoxification)								
Age 0 to 64								
Age 65 and Older								
Alcohol/Chemical Dependency (Inpatient)								
Age 0 to 64								
Age 65 and Older								
Other Please Specify:								
Unassigned								
Intensive Care								
Medical/Surgical (ICU)	8	8	312	315	122	126	1072	1549
Cardiac (CCU)								
Pediatric								
Other Please Specify: Step Down	9	9	708	741	260	283	2033	2383
Grand Total (Acute and Intensive Care)	167	167	8128	8368	8143	8372	39629	42176
Age 0 to 64			3027	3173	3048	3166	10507	11618
Age 65 and Older			5101	5195	5095	5206	29122	30558

	2010	2011
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	39629	42176
C. Number of Patients in Hospital on last day of reporting period	105	99
D. Medicare/Medicaid/MIAP Utilization		
- **Required by March 31, 2011 by S.C. Medically Indigent Assistance Act.** - Exclude newborns, swing beds, Medicaid admin. days and observation patients.		
1a. Total Medicare Inpatient Discharges - Title XVIII (include Managed Care)	5095	5206
1b. How many Medicare inpatient discharges were Medicare Managed Care?	544	617
2a. Total Medicare Inpatient Days (include Managed Care)	29122	30558
2b. How many Medicare inpatient days were Medicare Managed Care?	3153	3116
3a. Total Medicaid Inpatient Discharges - Title XIX (include Managed Care)	955	1109
3b. How many Medicaid inpatient discharges were Medicaid Managed Care?	498	603
4a. Total Medicaid Inpatient Days (include Managed Care)	3117	4065
4b. How many Medicaid inpatient days were Medicaid Managed Care?	1355	1654
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	43	46
6. Total S.C. MIAP Inpatient Days	181	208

F2. Nursing Home Care

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit				
B. Free-Standing on Hospital Campus				
C. Free-Standing off Campus				

F3. Residential Treatment Center For Children And Adolescents

Facility Name(s)

	Beds Set Up (last day of reporting period)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents				

F4. For Hospitals With Approved Swing Beds

A. Number of Acute Care Beds Designated as Swing Beds:

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total Swing Beds						

F5. Medicaid Administrative Days Program

Admissions: Patient Days: 0

F6. Observation Patients

Patients: 767

F7. Obstetrics Unit

(for the reporting period)
Note: Please check that the obstetrics level is completed in Section F1, Part A.

	2010 Reported	2011
A. Labor and Delivery as of the last day of the reporting period		
1. Number of Labor Rooms		
2. Number of Delivery Rooms		
3. Number of LDR Rooms	4	4
4. Number of LDRP Rooms		
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (on last day of reporting period)	9	9
2. Number of Newborn Patient Days	1345	1466
C. Birth and Death Records		
1. Number of Infants Born Alive	520	584

2. Number of Deaths of Infants Born Alive	2	3
3. Number of Fetal Deaths (Still-born)	5	3

D. Neonatal Special Care Bassinets

(A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring and life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2010 Reported					
2011					
Intermediate Care					
2010 Reported	2	730	63	73	291
2011	2	730	45	63	222
Continuing Care Care					
2010 Reported					
2011					

	2010 Reported	2011
Total Neonatal Special Care Patient Days	291	222

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SCHEDULE G: OUTPATIENT UTILIZATION

Definition

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
- **DO NOT** include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
- **(1) Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
- **(2) Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
- **(3) Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service. For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day?

Yes (•) No ( ) No Response ( )

G2. Indicate emergency department category (if applicable for your facility):

Agency (TJC,DNV,Other): Joint Commission
Level: 2

G3. Indicate level of unit # for certified trauma department:

Level of unit #:
Source of designation (check all that apply):
- [x] American College of Surgeons
- [ ] State/Local Government
- [ ] Self Designation

G4. Which of the following best describes the type of triage system your emergency Department uses on a daily basis to determine which patients can wait to be seen and which need to be seen immediately:

- ○ Three (3) level system (emergent, urgent, non urgent, red, yellow, green)
- ○ Four (4) level system (emergent, unstable urgent, stable urgent, non-urgent)
- ◉ Five (5) level Emergency Severity Index (ESI)
- ○ Five (5) level system (Australasian, Manchester or Acuity Scale)
- ○ Other (please specify)
- ○ Don't know

G5.

	Emergency or Trauma Department (exclude outpatient visits reported in Schedule D) (1)		Organized Outpatient Clinic (2)	Other Ancillary Services (exclude outpatient surgeries reported in Schedule D) (3)
	2010 reported	2011		
A. Visits (Total sum of 1, 2)*	26418	27285		55714
1. Non-Emergency Visits	16602	16782		
2. True Emergency Visits	9816	10503		
B. Visits Resulting in Admission to Hospital	4927	5201		

*Required by March 31, 2012 by S.C. Medically Indigent Assistance Act.

G6. In terms of location, your ambulatory care programs are:

(check all that apply):

- ☑ Within the hospital
- ☐ On hospital campus in a freestanding center
- ☑ Freestanding off campus
- ☐ No ambulatory care

G7. In terms of ownership, your ambulatory care programs are:

(check all that apply):

- ☐ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☑ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

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SCHEDULE H: HOSPITAL EMPLOYEES AS OF THE LAST DAY OF THE REPORTING PERIOD

Definition

H1. Hospital Employees:

- Information is requested on the total number of employees of the hospital 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 posted vacancies, should be consistent with payroll expenses reported on the

Financial Data Report.

- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- Do not include nursing home staff on this page.
- If there are staff positions that are shared between the hospital, a physician practice and nursing home, please record these staff as part-time employees.
- Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.
- Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number.
- Hours Reporting: for Full time, Part time, and Contract columns report hours as total hours accumulated over the reporting period (annual hours). For Posted Vacancies, report anticipated annual hours for the positions. (for example. Two, twenty hour per week part time Laboratory Techs each would have anticipated annual hours of 2x20x52= 2080)
- **Please round all values to the nearest whole number, do not enter commas or decimals as this will result in a loss of data.**

Report only personnel claimed on the Medicare Cost Report under the Hospital's Provider Number

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Administrative										
Hospital Administrator (CEO)										
Assistant Hospital Administrators										
Chief Medical Officer (Medical Director)										
Chief Nursing Officer	1	2080								
Chief Operating Officer										
Chief Financial Officer										
Other Administrators		1869								

Manhours - Hospital Only	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours

process.

Physicians and Dentists

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospital's current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours	Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees Hours	Employees	Hours	Employees	Hours
Physicians									
Anesthesiologists									
Pathologists									
Psychiatrists									
Radiologists									
Physician Hospitalists									
Intensivists:									
Medical-surgical intensive care									
Cardiac intensive care									
Neonatal intensive care									
Pediatric intensive care									
Other intensive care									
ER Physicians									
All other physicians									
Medical Interns and Residents									
Dentists									
Dental Interns and Residents									
Physicians Assistants									

Nursing Care

APRN									
Clinical Nurse Specialists - CNS									
Certified Registered Nurse Anesthetist - CRNA									
Certified Nurse Midwife - CNM									
Other Nurse Practitioner - NP									
Registered Nurses									

(excluding the above categories)	240	446236	75	91110	1	1792	7	13312		
Licensed Practical/Vocational Nurses	14	29954	1	48						
Nursing Assistive Care										
Nursing Aides, Orderlies, Attendants	33	64726	18	21944			2	3744	2	2080
Unit Clerk	36	64196	5	5285			1	1872		
Employed sitters	2	4334	1	339						
Other Nursing Assistive Personnel	3	6063	2	2482			1	1872		
Pharmacy										
Manager/Supervision	2	3237								
Pharmacists, licensed	9	18082	8	9229					1	988
Pharmacy Technicians	10	19442	6	4876						
Pharmacy, non-technical	1	2076								

Manhours - Hospital Only Do not include nursing home or physician practice manhours on this page. Staff with shared responsibilities between the hospital and another unit should be allocated based on the hospitals current distribtion process.	Full-Time (Receiving Benefits) Employees		Part-Time (Without Benefits) Employees		Contract Positions Hours		Full-Time Posted Vacancies		Part-Time Posted Vacancies	
	Employees *AHA Required*	Hours	Employees *AHA Required*	Hours	Employees	Hours	Employees	Hours	Employees	Hours
Ancillary										
Radiology										
Manager/Supervision (non-physician)	3	8232					1	1872		
MRI Technicians	4	7835								
CT Technicians	4	8501	3	1105						
X-ray Technicians	12	24064	2	3081						
Other Radiology Technicians	12	24655	2	1798						
Radiology non-technical	5	12052	1	1033						
Cath Lab										
Manager/Supervision (non-physician)										
Cath Lab Technicians										
Cath Lab non-technical										
Dialysis										
Manager/Supervision (non-physician)										
Dialysis Technicians										
Dialysis non-technical										
Laboratory										
Manager/Supervision	1	2080								

(non-physician)										
Laboratory Technicians	22	42629	8	8057					1	988
Laboratory non-technical	3	6183								
EKG/EEG										
Manager/Supervision (non-physician)										
EKG/EEG Technicians										
EKG/EEG non-technical										
Respiratory										
Manager/Supervision (non-physician)	1	2118								
Respiratory Therapists	12	23638	3	3184					1	1040
Respiratory non-technical	1	2379								
Rehabilitation										
Manager/Supervision (non-physician)	1	40								
Occupational Therapists	8	11546	2	1099			1	1872		
Physical Therapists	10	17703	3	3471	2	4652				
Speech Therapists	2	4217	1	88					1	1040
Rehabilitation non-technical	14	19982	6	6513		701			1	1040
All Other Health Professionals and Technical Personnel	32	65364	1	1838		2608				
Non-Health										
Informational Technology										
All Other Non-Health Professionals and Technical Personnel	8	17779								
All Other Non-Health Non-Technical Personnel	29	64676	9	7294	91	187065	1	1872	6	6136
Total										
Total Hospital Personnel	535	1027968	157	173872	94	198818	14	26416	13	13312

H2. Privileged Physicians

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital:

	Total Employed	Total Individual Contract	Total Group Contract	Not Employed or Under Contract	Total Privileged
a. Primary care (General practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	1	0	3	31	48
b. Hospitalist	0	0	9	0	9
c. Intensivist	0	0	0	2	2
d. Radiologist/pathologist/anesthesiologist	0	0	14	0	14
e. Emergency medicine	0	0	13	0	13
f. Other specialist	1	0	6	63	70
g. Total	2	0	45	96	143

H3. Hospitalists

Do hospitalists care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

H4. Intensivists

Do intensivists provide care for patients in your hospital? ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Indicate below whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

Medical surgical intensive care: ○ Yes ◉ No ○ No Response
Cardiac intensive care: ○ Yes ○ No ◉ No Response
Neonatal surgical intensive care: ○ Yes ○ No ◉ No Response
Pediatric intensive care: ○ Yes ○ No ◉ No Response
Other intensive care: ◉ Yes ○ No ○ No Response

H5. Advanced Practice Registered Nurses / Physician Assistants

Do advanced practice registered nurses or physician assistants provide care for patients in your hospital?
Advanced Practice Registered Nurses ○ Yes ◉ No ○ No Response
Physicians Assistants ◉ Yes ○ No ○ No Response

(If yes, indicate the number of employee and employee hours in section H1)

Please indicate the type of service the nurses provide (Please check all that apply)

Service	Advanced Practice Registered Nurses	Physicians Assistants
Anesthesia services (APRNS much be a certified registered nurse anesthetist))	☑	☑
Case management	☐	☐
Emergency department care	☐	☑
Patient education	☐	☑
Primary care	☐	☑
OB/Neonatal	☑	☐
Quality	☑	☐
Other specialty care	☐	☐
Other	☑	☑

H6. Baylor Type Nursing Positions

Does your Facility have Baylor Type nursing positions? ○ Yes ◉ No ○ No Response

If yes,

Are they considered: ○ Full-time ○ Part-time ◉ No Response
Are they eligible to recieve benefits? ○ Yes ○ No ◉ No Response

H7. Foreign Educated Nurses

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2011 vs. 2010?
More ○ Less ○ Same ○ Did not hire foreign nurses ◉
b. From which countries/continents are you recruiting foreign-educated nurses? (CHECK ALL THAT APPLY)

Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

H8. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

Number of New RN Graduates: 16

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SCHEDULE I: PHYSICIAN ARRANGEMENTS

Definition

I1. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liaison between hospital management and the medical staff?

Yes ◉ No ○ No Response ○

I2. Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes ○ No ◉ No Response ○

I3a. Which of the following physician arrangements does your hospital or system/network participate in?

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

For hospital level physician arrangements that are reported in the "In Hospital" column, please report the number of physicians involved.

	My Hospital	Number of Physicians	My Health Network	My Health System
A. Independent Practice Association	☑		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐		☐	☐
G. Equity Model	☒		☐	☐
H. Foundation	☐		☐	☐
I. Other (please specify):	☐		☐	☐

I3b. Looking across all the relationships identified in question I2a (above), what is the total number of physicians (count each physician only once) that are engaged in

an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level)?

Number of physicians:

I4. JOINT VENTURES

a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
Yes ○ No ◉ No Response ○

b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (check all that apply)
- ☐ Limited Service Hospital
- ☐ Ambulatory Surgical Centers
- ☐ Imaging Centers
- ☐ Other

c. If you selected "Limited Service Hospital", please tell us what type(s) of services are provided:
- ☐ Cardiac
- ☐ Orthopedic
- ☐ Surgical
- ☐ Other

d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?
Yes ○ No ○ No Response ◉

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SCHEDULE J: PAYER ARRANGEMENTS

Definition

J1. Has your hospital or health care system established, or in the process of establishing, an accountable care organization (ACO)?

Yes - Established ○ Yes - In Progress ○ No ◉ No Response ○

If yes, please indicate the patient population that participates (or will participate) in the ACO.

Check all that apply	Yes/No	Name	Covered Lives
Medicaid	○ Yes ◉ No		
Medicare	○ Yes ◉ No		
Privately Insured	○ Yes ◉ No		
Other, please specify:	○ Yes ◉ No		

J2. Does your hospital have an established medical home program?

○ Yes ◉ No ○ No Response

J3. Does your hospital, health system or health network have an equity interest in any of the following insurance products?

(Check all that apply). ** *Contractual relationships with HMOs and PPOs should not be reported here but in question J2.*

Network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together in a joint agreement to coordinate and deliver a broad spectrum of services to their community. **Please refer to the network identified in Schedule B, Question 6.**

Health System is a corporate body that owns and/or manages health provider facilities or health related subsidiaries; the system may also own non health-related facilities. It owns or manages health provider facilities that are participants.

Check all that apply:	My Hospital	My Health System	My Health Network	Joint Venture with Insurer
A. Health Maintenance Organization	☐	☐	☐	☐
B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J4. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) Yes ◉ No ○ No Response ○
How many contracts? 7
Preferred Provider Organization (PPO) Yes ◉ No ○ No Response ○
How many contracts? 20

J5. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") Percent: 0 %

J6. What percentage of the hospital's net revenue is paid on a shared risk basis?

Percent: 0 %

J7. What is the percent of Bad debt recoveries from Self Pay accounts receivable?

Percent: 2 %

J8. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?

Yes ○ No ◉ No Response ○

J9. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

Lives Covered:

SCHEDULE K: COMMUNITY ORIENTATION

Definition

K1. Community Benefit

1. Does your hospital's mission statement include a focus on community benefit? Yes ◉ No ○ No Response ○

2. Does your hospital have a long-term plan for improving health in the community?	Yes ◉	No ○	No Response ○
3. Does your hospital have a specific budget for its community benefit activities?	Yes ◉	No ○	No Response ○
4. Does your hospital have dedicated staff to manage community benefit activities?	Yes ◉	No ○	No Response ○
5. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)?	Yes ◉	No ○	No Response ○
6. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital?	Yes ◉	No ○	No Response ○
7. Does your hospital partner with your local school system to offer health and wellness programs to help your community?	Yes ◉	No ○	No Response ○
8. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	Yes ◉	No ○	No Response ○
9. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	Yes ◉	No ○	No Response ○
10a. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	Yes ○	No ◉	No Response ○
10b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicate services in the community?	Yes ○	No ○	No Response ◉
11. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	Yes ◉	No ○	No Response ○
12. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	Yes ◉	No ○	No Response ○
13. Does your hospital self-assess against Baldridge like criteria for sustained continuous improvement?	Yes ◉	No ○	No Response ○

K2. Diversity, Language and Leaders

1. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	Yes ◉	No ○	No Response ○
2. Does your hospital gather information on a patient's language at any point during their stay?	Yes ◉	No ○	No Response ○
3. Does your hospital or health system currently have or plan to develop, implement or evaluate a diversity strategy or plan?	Yes ○	No ◉	No Response ○
4. Does your hospital educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?	Yes ◉	No ○	No Response ○
5. Does your hospital require all employees to attend diversity training?	Yes ◉	No ○	No Response ○
6. Does the hospital's strategic plan include goals for improving quality of care of culturally and linguistically-diverse patient population?	Yes ◉	No ○	No Response ○
7. Does your hospital or health system currently have or plan to develop, execute or evaluate a leadership development program?	Yes ◉	No ○	No Response ○
8. Does your hospital or health system engage in leadership succession planning?	Yes ◉	No ○	No Response ○
9. Does your hospital or health system currently provide career development resources to administrators?	Yes ◉	No ○	No Response ○

K3. Other

Does your hospital provide services through one or more satellite facilities? Yes ◉ No ○ No Response ○

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SCHEDULE L: INFORMATION TECHNOLOGY

Definition

L1. Does your hospital have an electronic health record?

○ Yes, fully implemented ○ Yes, partially implemented
○ No (if no, answer "No" to all of Question L2) ○ No Response

L2. Does your electronic health record include:

	Yes, fully implemented	Yes, partially implemented	No	No Response
1. Patient-level health information and data (such as medications, orders, and clinical notes)?	○	○	○	○
2. Results management (such as results from laboratory tests, radiology studies, and other tests)?	○	○	○	○
3. Order entry management (such as orders for laboratory tests, radiology studies, and other tests)?	○	○	○	○
4. Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways)?	○	○	○	○

L3. Does your Hospital store electronic laboratory tests in standard formats (LOINC/SNOMED)?

○ Yes, fully implemented ○ Yes, partially implemented ○ No ○ No Response

L4. What percentage of treating physicians in your hospital:

	No Response	0%	1-24%	25-49%	50-74%	75-100%
1. Routinely order medications electronically?	○	○	○	○	○	○
2. Routinely order laboratory or other tests electronically?	○	○	○	○	○	○

L5. Do you plan to attest as a Meaningful User of certified EHR technology and if so, in what federal fiscal year (FFY) will you achieve meaningful use for the first time?

○ Yes, attested in FFY 2011 (by Sep 30, 2011)
○ Yes, in FFY 2012 (by Sep 30, 2012)
○ Yes, in FFY 2013 (by Sep 30, 2013)
○ Yes, by FFY 2015 (by Sep 30, 2015)
○ Not planning to attest
○ Not eligible for either Medicare or Medicaid EHR incentives
○ Do Not Know

Note: To qualify as a meaningful user for Medicare and Medicaid, a hospital must (1) possess EHR technology certified against all 24 objectives of meaningful use; (2) meet each of 14 "core" objectives of meaningful use, at least 1 public health objective, and at least 4 additional "menu set" objectives; and (3) report on each of 15 clinical quality measures generated directly from the certified EHR.

L6. Electronic Exchange of Clinical Information

a. Do you plan to exchange clinical information electronically with health care providers outside of your organization in the next two years?

○ Yes, in 2012 (by December 31, 2012)
○ Yes, in 2013 (by December 31, 2013)
○ No plan to exchange information electronically outside of my organization in the next two years.
○ No Response

b. If yes, indicate the level of importance or need your organization places on electronic exchange of clinical information with the following provider types.

	Very Important	Important	Somewhat Important	Not Sure	No Response
Acute Care Hospitals	◉	○	○	○	○
Community Case Management or Disease Management Programs	◉	○	○	○	○
Community Free Medical Clinics	◉	○	○	○	○
Community Pharmacies	◉	○	○	○	○
Emergency Medical Service Providers	◉	○	○	○	○
Home Health/Hospice Programs	◉	○	○	○	○
Laboratories	◉	○	○	○	○
Military/Veteran Hospitals and Clinics	◉	○	○	○	○
Primary Care Physicians	◉	○	○	○	○
Rehabilitation Hospitals	◉	○	○	○	○
Renal Dialysis Facilities	◉	○	○	○	○
Skilled Nursing Facilities	◉	○	○	○	○
Specialty Care Physicians	◉	○	○	○	○
State Agencies	◉	○	○	○	○
Urgent Care Centers	◉	○	○	○	○
Wound Care Centers	◉	○	○	○	○

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SCHEDULE M: CARE COORDINATION

Definition

M1. Please indicate activities that your organization is engaged in to coordinate care across setting and extent to which they are used.

	Not Used at all (1)	Used Minimally	Used Moderately	Used Widely	Used Hospital-Wide (5)
a. Chronic care management processes or programs to manage patients with high-volume, high-cost diseases	○	○	◉	○	○
b. Use of predictive analytic tools to identify individual patients at high risk for poor outcomes or extraordinary resource use	○	○	○	○	○
c. Prospective management of patients at high-risk for poor outcomes or extraordinary resource use by experienced case managers	○	○	○	○	○
d. Assignment of case managers to patients at risk for hospital admission or readmission for outpatient follow-up	○	○	○	○	○
e. Medication reconciliation as part of an established plan of care	○	○	○	○	○
f. Provision of visit summaries to patients as part of all outpatient encounters and scheduling of follow-up visits and/or specialty referrals at the time of the initial encounter	○	○	○	○	○
g. Post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile for adult medical-surgical patients in defined diagnostic categories or severity profiles	○	○	○	○	○
h. Arrangement of home visits by physicians, advanced practice nursed or other professionals for homebound and complex patients for whom office visits constitute a physical hardship	○	○	○	○	○

M2. Describe your hospital's processes for facilitating safe transitions. Check the appropriate box for each process administered.

	How is this process Administered (Check all that apply)				Is the process: (Mark Only One)	
	Verbally	Paper (mail/fax)	Electronic	Other	Standard	Ad Hoc

a. Identifying patients who transition between setting of care	☑	☑	☑	☐	◉	○
b. Sharing clinical information between setting of care	☑	☑	☑	☐	◉	○
c. Providing patient discharge summaries to primary care providers	☐	☑	☑	☐	◉	○
d. Providing patient discharge summaries to other providers (e.g. rehabilitation hospitals)	☐	☑	☑	☐	◉	○
e. Tracking the status of transitions including the timing of information exchange	☑	☐	☑	☐	○	◉

SCHEDULE N: SUPPLEMENTAL INFORMATION

Definition

N1. Does your hospital outsource the HIM coding function under any of the following conditions?

	Yes	No	No Response
1. To handle backlog due to staff vacations or shortages.	○	◉	○
2. Partially outsource during normal operations.	○	◉	○
3. Completely outsourced during normal operations	○	◉	○

N2. Social Media

A. Does your hospital use social media applications to conduct patient outreach or engage patients? ◉ Yes ○ No ○ No Response

B. If yes, which social media applications does your hospital use for patient outreach or engagement? (check all that apply)

- ☑ Social networking service (e.g. Facebook, Google+, LinkedIn, etc.)
- ☑ Microblogging service (e.g. Twitter, Tumblr, etc.)
- ☑ Online video sharing
- ☑ Hospital's own website
- ☐ Hospital patient portal or personal health record
- ☐ Smart phone applications
- ☑ Other. Please describe
- ☐ Don't know.

COMMENTS

Please enter any additional comments or explanations of your data below:

Completion

☑ Check here if you have completed this form and are ready for it to be reviewed by ORS and DHEC.

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E-mail Us

Office of Research and Statistics
1919 Blanding Street
Columbia, SC 29201
(803) 898-9940

ahd.com

Profile - February 8, 2013

Waccamaw Community Hospital

Murrells Inlet, SC 29576
CMS Certification Number: 420098

Financial data for hospital cost report period ending 09/30/2011 (HCRIS 7307 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 02/07/2013. Definitions

Name and Address: **Waccamaw Community Hospital**
4070 Highway 17 Bypass South
Murrells Inlet, SC 29576

Telephone number: (843) 652-1000

Hospital Website:
www.georgetownhospitalsystem.org/oth/Page.asp?PageID=OTH000347

CMS Certification Number: 420098

Type of Facility: Short Term Acute Care

Type of Control: Voluntary Nonprofit, Other

Health Care System: Georgetown Hospital System
Georgetown, SC

System Website:
www.georgetownhospitalsystem.org

General Med/Surg Beds: 116

Special Care Beds: 8

Total Employees: 500

Total Discharges: 7,366

Total Patient Days: 29,663

Total Patient Revenue: $351,547,904

County (FIPS code): SC043 - Georgetown, SC

CBSA (formerly MSA): 23860 - Georgetown, SC

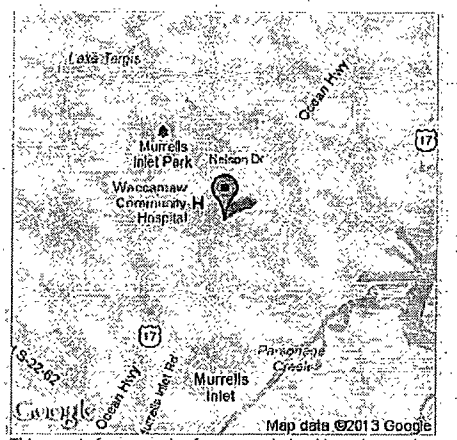
Longitude / Latitude: 79° E / 34° N

Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Rural

Medicare Certified Beds: 167

NOTES



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 048B

Levitt.2013.00038845

PET-EX048B

RECORD 005722

Components (Medicare Certified)

NPI information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	420098	PPS	Other	10/31/2002	1972503910
Rehab Subprovider	42T098	PPS	Other	10/31/2002	1972503910

Associated NPIs

NPI information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1104134394	WACCAMAW COMMUNITY HOSPITAL	5852 LONGWOOD DR MURRELLS INLET, SC 29576-8987	(678) 591-6936
1972503910	WACCAMAW COMMUNITY HOSPITAL WACCAMAW REHAB CARE	4070 HIGHWAY 17 MURRELLS INLET, SC 29576-5033	(843) 652-1000
1992008650	FAMILY PHARMACY AT WCH	4070 HIGHWAY 17 MURRELLS INLET, SC 29576-5033	(843) 652-1545

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	HealthTrust Purchasing Group 155 Franklin Road, Brentwood, TN 37027 http://www.healthtrustpg.com
Group Purchasing Organization (secondary):	MedAssets Supply Chain Systems 100 North Point Center E, Alpharetta, TN 30022 http://www.medassets.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	116	$22,212,052	15,905	1,171	9,572	26,648
Intensive Care Unit	8	$2,856,449	856	137	556	1,549
Nursery		$916,446	N/A	277	1,189	1,466
Total Acute	**124**	**$25,984,947**	**16,761**	**1,585**	**11,317**	**29,663**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		3,812	480	3,074	7,366
Average Length of Stay		4.4	3.3	3.7	4.0
Average Daily Census		45.9	4.3	31.0	81.3

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Rehabilitation Unit	43	$11,360,304	10,681	594	2,521	13,796
Total Other	**43**	**$11,360,304**	**10,681**	**594**	**2,521**	**13,796**
Total Complex	**167**	**$37,345,251**	**27,442**	**2,179**	**13,838**	**43,459**

Levitt.2013.00038846

	Gross Patient Revenue			
	Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue	$149,926,868	$14,760,410	$186,860,626	$351,547,904

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	1,500
Outpatient Surgeries:	12,300
Births:	600
Outpatient Visits:	34,900
Emergency Room (Not Admitted):	13,400
Emergency Room (Admitted):	5,600

Clinical Services

Definitions

Cardiovascular Services
Cardiac Cath Lab

Emergency Services
Emergency Department

Neurosciences
Electroencephalography (EEG)

Oncology Services
Cancer Program - ACS/CoC Approved
Chemotherapy

Orthopedic Services
Arthroscopy
Joint Replacement
Spine Surgery

Other Services
Hemodialysis
Inpatient Surgery
Lithotripsy (ESWL)
Obstetrics

Radiology / Nuclear Medicine / Imaging
Computed Tomography (CT)
Computed Tomography-Angiography (CTA)
Magnetic Resonance Angiography (MRA)
Magnetic Resonance Imaging (MRI)
Positron Emission Tomography (PET)
Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
Physical Therapy

Special Care
Intensive Care Unit (ICU)

Subprovider Units
Rehabilitation

Wound Care
Hyperbaric Oxygen
Wound Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 01/24/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- Type: Community Hospital Comprehensive Cancer Program

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database; Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Data are not available

ahd.com

Profile - February 6, 2013

Carolinas Medical Center - Mercy

Charlotte, NC 28207
CMS Certification Number: 340098

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 7192 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 12/11/2012. Definitions

Name and Address: **Carolinas Medical Center - Mercy**
2001 Vail Avenue
Charlotte, NC 28207

Telephone number: (704) 304-5000

Hospital Website:
www.carolinashealthcare.org/cmc-mercy

CMS Certification Number: 340098

Type of Facility: Short Term Acute Care

Type of Control: Governmental Hospital District

Health Care System: Carolinas HealthCare System
Charlotte, NC

System Website:
www.carolinas.org

General Med/Surg Beds: 248

Special Care Beds: 55

Total Employees: 1,866

Total Discharges: 20,190

Total Patient Days: 79,815

Total Patient Revenue: $1,223,654,848

County (FIPS code): NC119 - Mecklenburg, NC

CBSA (formerly MSA): 16740 - Charlotte-Gastonia-Concord, NC-SC

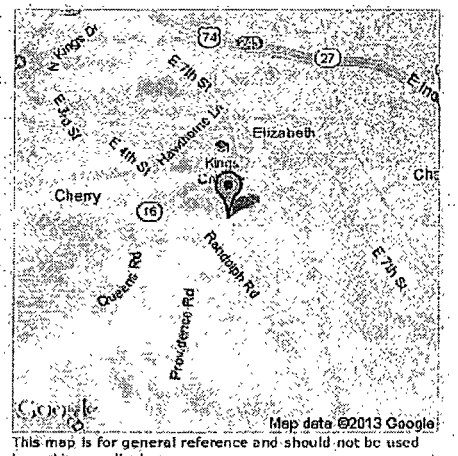
Longitude / Latitude: 81° E / 35° N

Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Urban

Medicare Certified Beds: 344

NOTES



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 049

Levitt.2013.00038781

Components (Medicare Certified)

NPI Information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	340098	PPS	Other	07/01/1966	1497792550

Associated NPIs

NPI Information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1497792550	MERCY HOSPITAL, INC CMC - MERCY	2001 VAIL AVE CHARLOTTE, NC 28207-1219	(704) 379-5000
1821039975	MERCY HOSPITAL, INC CMC - PINEVILLE	10628 PARK RD CHARLOTTE, NC 28210-8407	(704) 543-2025
1972707909	MERCY HOSPITAL INC MERCY HOSPITAL INC - INDEPENDENT PHYSICIANS	10628 PARK RD CHARLOTTE, NC 28210-8407	(704) 544-2173

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	248	$78,182,064	27,578	6,250	34,135	67,963
Intensive Care Unit	45	$30,536,144	4,799	1,003	3,915	9,717
Neonatal Intensive Care	10	$5,133,203	0	180	1,955	2,135
Total Acute	**303**	**$113,851,411**	**32,377**	**7,433**	**40,005**	**79,815**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		6,542	1,876	11,772	20,190
Average Length of Stay		4.9	4.0	3.4	4.0
Average Daily Census		88.7	20.4	109.6	218.7

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Total Other	**0**	**$0**	**0**	**0**	**0**	**0**
Total Complex	**303**	**$113,851,411**	**32,377**	**7,433**	**40,005**	**79,815**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$382,195,849	$24,216,106	$817,242,893	$1,223,654,848

Levitt.2013.00038782

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	8,200
Outpatient Surgeries:	23,400
Births:	0
Outpatient Visits:	77,700
Emergency Room (Not Admitted):	32,700
Emergency Room (Admitted):	13,200

Clinical Services

Definitions

Cardiovascular Services
- Cardiac Cath Lab
- Cardiac Surgery
- Coronary Interventions
- Electrophysiology
- Vascular Intervention

Emergency Services
- Emergency Department

Neurosciences
- Electroencephalography (EEG)
- Sleep Studies

Oncology Services
- Cancer Program - ACS/CoC Approved

Orthopedic Services
- Arthroscopy
- Joint Replacement
- Spine Surgery

Other Services
- Hemodialysis
- Inpatient Surgery
- Lithotripsy (ESWL)

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care
- Intensive Care Unit (ICU)
- Neonatal Intensive Care

Wound Care
- Hyperbaric Oxygen
- Wound Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 05/07/2011 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- Type: Community Hospital Cancer Program

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals.

See COTH website for more / Last Updated 05/20/2012

- Teaching status = Yes / Number of Interns and Residents = 7 FTEs
- Actively involved as major participant in ACGME-accredited specialty and subspecialty

Levitt.2013.00038783

programs

ahd.com

Profile - February 6, 2013

Carolinas Medical Center - NorthEast

Concord, NC 28025
CMS Certification Number: 340001

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 7639 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 12/11/2012. Definitions

Name and Address: **Carolinas Medical Center - NorthEast**
920 Church Street North
Concord, NC 28025

Telephone number: (704) 403-3000

Hospital Website:
www.carolinashealthcare.org/cmc-northeast

CMS Certification Number: 340001

Type of Facility: Short Term Acute Care

Type of Control: Voluntary Nonprofit, Other

Health Care System: Carolinas HealthCare System Charlotte, NC

System Website:
www.carolinas.org

General Med/Surg Beds: 398

Special Care Beds: 49

Total Employees: 3,339

Total Discharges: 24,412

Total Patient Days: 99,309

Total Patient Revenue: $1,390,772,608

County (FIPS code): NC025 - Cabarrus, NC

CBSA (formerly MSA): 16740 - Charlotte-Gastonia-Concord, NC-SC

Longitude / Latitude: 81° E / 35° N

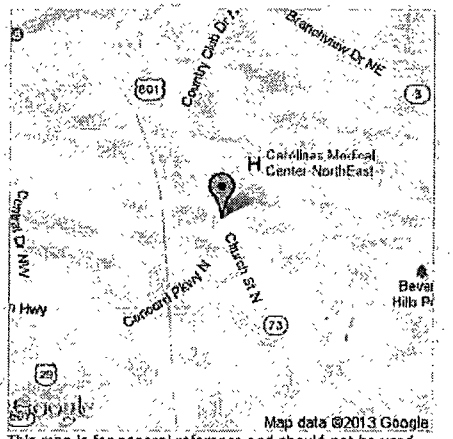
Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Urban

Medicare Certified Beds: 457

NOTES

This facility was acquired by the Carolinas HealthCare System on July 1, 2007.



This map is for general reference and should not be used in seeking medical care.

Key Contacts

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(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 050

Levitt.2013.00038763

Components (Medicare Certified)

NPI Information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	340001	PPS	Other	07/01/1966	1487866315
Psych Subprovider	34S001	PPS	Other	10/01/1992	1578560280

Associated NPIs

NPI Information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1093711525	CABARRUS MEMORIAL HOSPITAL NORTHEAST MEDICAL CENTER	920 CHURCH ST N CONCORD, NC 28025-2927	(704) 783-3000
1487866315	CMC-NORTHEAST, INC.	920 CHURCH ST N CONCORD, NC 28025-2927	(704) 403-3000
1578560280	CABARRUS MEMORIAL HOSPITAL NORTHEAST MEDICAL CENTER	920 CHURCH ST N CONCORD, NC 28025-2927	(704) 783-3000
1629283866	CMC NORTHEAST, INC.	920 CHURCH ST N CONCORD, NC 28025-2927	(704) 783-3000

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com
Group Purchasing Organization (secondary):	MHA LLC (Managed Healthcare Associates) 25-B Vreeland Road, Florham Park, NC 07932 http://www.mhainc.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	398	$76,624,024	42,019	9,799	29,103	80,921
Intensive Care Unit	35	$18,897,538	2,027	5,861	2,696	10,584
Coronary Intensive Care	14	$6,238,845	1,815	275	956	3,046
Nursery		$3,314,288	N/A	4,358	400	4,758
Total Acute	**447**	**$105,074,695**	**45,861**	**20,293**	**33,155**	**99,309**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		9,079	5,105	10,228	24,412
Average Length of Stay		5.1	4.0	3.2	4.1
Average Daily Census		125.6	55.6	90.8	272.1

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Psychiatric Unit	10	$2,293,347	1,944	0	753	2,697
Total Other	**10**	**$2,293,347**	**1,944**	**0**	**753**	**2,697**
Total Complex	**457**	**$107,368,042**	**47,805**	**20,293**	**33,908**	**102,006**

Levitt.2013.00038764

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$425,149,269	$51,325,243	$914,298,096	$1,390,772,608

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	6,400
Outpatient Surgeries:	13,500
Births:	2,000
Outpatient Visits:	131,800
Emergency Room (Not Admitted):	31,000
Emergency Room (Admitted):	19,700

Clinical Services

Definitions

Cardiovascular Services
- Cardiac Cath Lab
- Cardiac Rehab
- Cardiac Surgery
- Coronary Interventions
- Electrophysiology
- Vascular Intervention
- Vascular Surgery

Emergency Services
- Emergency Department

Neurosciences
- Electroencephalography (EEG)
- Sleep Studies

Oncology Services
- Cancer Program - ACS/CoC Approved
- Chemotherapy
- Radiation Therapy

Orthopedic Services
- Arthroscopy
- Joint Replacement
- Spine Surgery

Other Services
- Hemodialysis
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)
- Intensity-Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care
- Coronary Intensive Care (CCU)
- Intensive Care Unit (ICU)

Subprovider Units
- Psychiatric

Wound Care
- Wound Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 05/23/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- Type: Community Hospital Comprehensive Cancer Program

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

Levin.2013.00038765

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Teaching status = Yes / Number of interns and Residents = 24 FTEs
- Actively involved as sponsor in ACGME-accredited specialty and subspecialty programs

Levitt.2013.00038766

ahd.com

Profile - February 6, 2013

Carolinas Medical Center - Union

Monroe, NC 28112
CMS Certification Number: 340130

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 2104.-2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 11/20/2012. Definitions

Name and Address: **Carolinas Medical Center - Union**
600 Hospital Drive
Monroe, NC 28112

Telephone number: (704) 283-3100

Hospital Website:
www.carolinashealthcare.org/cmc-union

CMS Certification Number: 340130

Type of Facility: Short Term Acute Care
Type of Control: Voluntary Nonprofit, Other
Health Care System: Carolinas HealthCare System
Charlotte, NC

System Website:
www.carolinas.org

General Med/Surg Beds: 143
Special Care Beds: 14

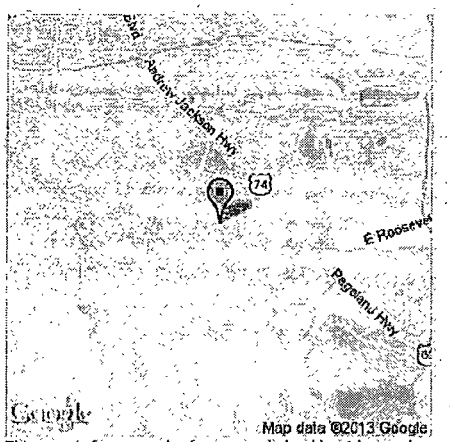
Total Employees: 1,032
Total Discharges: 8,380
Total Patient Days: 36,479
Total Patient Revenue: $433,086,528

County (FIPS code): NC179 - Union, NC
CBSA (formerly MSA): 16740 - Charlotte-Gastonia-Concord, NC-SC
Longitude / Latitude: 81° E / 35° N

Fiscal Intermediary: Palmetto Government Benefits Administrators
Urban / Rural Designation: Urban
Medicare Certified Beds: 157

NOTES

Facility formerly known as Union Regional Medical Center.



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 051

Levitt.2013.00038772

PET-EX051

Components (Medicare Certified)

NPI information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	340130	PPS	Other	07/01/1966	1396790325
Hospital-Based SNF	345097	PPS	Other	06/18/1973	1437247970
Hospital-Based NF	346110		Other	01/01/1976	
Hospital-Based HHA	347210	PPS	None	04/03/1995	1508808882

Associated NPIs

NPI information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1396790325	UNION MEMORIAL REGIONAL MEDICAL CENTER INC CAROLINAS MEDICAL CENTER UNION	600 HOSPITAL DR MONROE, NC 28112-6000	(704) 286-3185
1437247970	UNION MEMORIAL REGIONAL MEDICAL CENTER INC JESSE HELMS NURSING CENTER	1411 DOVE ST MONROE, NC 28112-5014	(704) 283-3285
1508808882	UNION MEMORIAL REGIONAL MEDICAL CARE INC UNION REGIONAL HOME CARE	101 E FRANKLIN ST MONROE, NC 28112-4850	(704) 283-3381

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com
Group Purchasing Organization (secondary):	VHA Inc 220 E Las Colinas Blvd E, Irving, NC 75039 http://www.vha.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	143	$21,134,486	14,319	4,294	10,295	28,908
Intensive Care Unit	14	$4,634,282	2,001	1,166	872	4,039
Nursery		$3,020,147	N/A	2,310	1,222	3,532
Total Acute	**157**	**$28,788,915**	**16,320**	**7,770**	**12,389**	**36,479**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		3,663	2,594	2,123	8,380
Average Length of Stay		4.5	3.0	5.8	4.4
Average Daily Census		44.7	21.3	33.9	99.9

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Skilled Nursing (SNF) Unit	70	$2,469,209	7,741	10,908	4,378	23,027

Levitt 2013.00038773

Nursing (NF)	0	$2,089,257	N/A	0	0	0
Total Other	**70**	**$4,558,466**	**7,741**	**10,908**	**4,378**	**23,027**
Total Complex	**227**	**$33,347,381**	**24,061**	**18,678**	**16,767**	**59,506**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$146,009,275	$23,117,251	$263,960,002	$433,086,528

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	1,600
Outpatient Surgeries:	10,300
Births:	1,500
Outpatient Visits:	44,400
Emergency Room (Not Admitted):	13,300
Emergency Room (Admitted):	7,200

Clinical Services

Definitions

Cardiovascular Services
- Cardiac Cath Lab
- Cardiac Rehab
- Vascular Intervention

Emergency Services
- Emergency Department

Neurosciences
- Electroencephalography (EEG)
- Sleep Studies

Oncology Services
- Cancer Program - ACS/CoC Approved
- Radiation Therapy

Orthopedic Services
- Arthroscopy
- Joint Replacement

Other Services
- Home Health
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)
- Intensity-Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care
- Intensive Care Unit (ICU)

Subprovider Units
- Skilled Nursing (SNF)

Wound Care
- Wound Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 01/29/2011 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- Type: Community Hospital Cancer Program

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

Levitt.2013.00038774

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Teaching status = Yes / Number of Interns and Residents = 4 FTEs
- Actively involved as clinical site in ACGME-accredited specialty and subspecialty programs

ahd.com

Profile - February 6, 2013

Carolinas Medical Center - University

Charlotte, NC 28262
CMS Certification Number: 340166

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 7197 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 11/15/2012. Definitions

Name and Address: **Carolinas Medical Center - University**
8800 North Tryon Street
Charlotte, NC 28262

Telephone number: (704) 863-6000

Hospital Website:
www.carolinashealthcare.org/cmc-university

CMS Certification Number: 340166

Type of Facility: Short Term Acute Care

Type of Control: Governmental Hospital District

Health Care System: Carolinas HealthCare System Charlotte, NC

System Website:
www.carolinas.org

General Med/Surg Beds: 113

Special Care Beds: 17

Total Employees: 743

Total Discharges: 7,413

Total Patient Days: 23,883

Total Patient Revenue: $506,715,920

County (FIPS code): NC119 - Mecklenburg, NC

CBSA (formerly MSA): 16740 - Charlotte-Gastonia-Concord, NC-SC

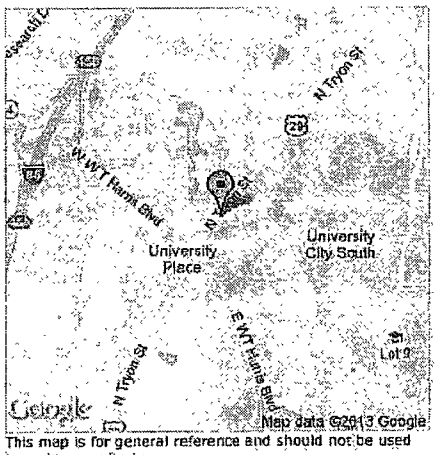
Longitude / Latitude: 81° E / 35° N

Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Urban

Medicare Certified Beds: 130

NOTES



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 052

Levitt 2013.00038749

Components (Medicare Certified)

NPI Information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	340166	PPS	Other	05/10/1985	1346297892

Associated NPIs

NPI Information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1275793192	CAROLINAS HEALTHCARE SYSTEM	8800 N TRYON ST CHARLOTTE, NC 28262-3300	(704) 548-5761
1346297892	CAROLINAS MEDICAL CENTER-UNIVERSITY	8800 N TRYON ST CHARLOTTE, NC 28262-3300	(704) 548-6000
1629272646	CAROLINAS MEDICAL CENTER - UNIVERSITY CMC UNIVERSITY INDEPENDENT PHYSICIANS	8800 N TRYON ST CHARLOTTE, NC 28262-3300	(704) 548-5680

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	113	$30,919,762	5,381	2,924	12,813	21,118
Intensive Care Unit	8	$5,976,831	841	264	687	1,792
Neonatal Intensive Care	9	$2,676,206	0	320	653	973
Total Acute	**130**	**$39,572,799**	**6,222**	**3,508**	**14,153**	**23,883**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		1,600	1,093	4,720	7,413
Average Length of Stay		3.9	3.2	3.0	3.2
Average Daily Census		17.0	9.6	38.8	65.4

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Total Other	**0**	**$0**	**0**	**0**	**0**	**0**
Total Complex	**130**	**$39,572,799**	**6,222**	**3,508**	**14,153**	**23,883**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$92,611,750	$15,916,780	$398,187,390	$506,715,920

Levitt.2013.00038750

PET-EX052.0002

RECORD 005739

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	1,300
Outpatient Surgeries:	10,000
Births:	0
Outpatient Visits:	54,000
Emergency Room (Not Admitted):	24,000
Emergency Room (Admitted):	6,500

Clinical Services

Definitions

Cardiovascular Services
Cardiac Cath Lab

Emergency Services
Emergency Department

Neurosciences
Sleep Studies

Oncology Services
Cancer Program - ACS/CoC Approved
Chemotherapy

Orthopedic Services
Arthroscopy
Joint Replacement

Other Services
Hemodialysis
Inpatient Surgery
Lithotripsy (ESWL)

Radiology / Nuclear Medicine / Imaging
Computed Tomography (CT)
Computed Tomography-Angiography (CTA)
Magnetic Resonance Imaging (MRI)
Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
Physical Therapy

Special Care
Intensive Care Unit (ICU)
Neonatal Intensive Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 10/10/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- Type: Teaching Hospital Cancer Program

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Data are not available

ahd.com

Profile - February 6, 2013

Carolinas Medical Center - Lincoln

Lincolnton, NC 28092
CMS Certification Number: 340145

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 7182 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 12/21/2012. Definitions

Name and Address: **Carolinas Medical Center - Lincoln**
433 McAlister Road
Lincolnton, NC 28092

Telephone number: (980) 212-2000

Hospital Website:
www.carolinashealthcare.org/cmc-lincoln

CMS Certification Number: 340145

Type of Facility: Short Term Acute Care

Type of Control: Governmental, County

Health Care System: Carolinas HealthCare System
Charlotte, NC

System Website:
www.carolinas.org

General Med/Surg Beds: 91

Special Care Beds: 10

Total Employees: 558

Total Discharges: 3,821

Total Patient Days: 17,157

Total Patient Revenue: $269,842,856

County (FIPS code): NC109 - Lincoln, NC

CBSA (formerly MSA): 30740 - Lincolnton, NC

Longitude / Latitude: 81° E / 35° N

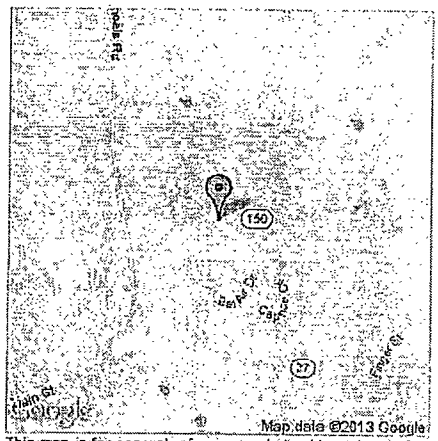
Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Urban

Medicare Certified Beds: 110

NOTES

This facility moved to its new address July 10, 2010.



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
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No data are available for export.

Petitioner's Trial Exhibit 053

Levitt 2013.00038757

Components (Medicare Certified)

NPI Information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	340145	PPS	Other	11/25/1969	1326088139

Associated NPIs

NPI Information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1194056705	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY CAROLINAS MEDICAL CENTER - LINCOLN	433 MCALISTER RD LINCOLNTON, NC 28092-4147	(980) 212-2000
1326088139	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY CAROLINAS MEDICAL CENTER - LINCOLN	433 MCALISTER DRIVE LINCOLNTON, NC 28092-4147	(980) 212-2000
1609070622	LINCOLN HEALTH SYSTEM LINCOLN ORTHOPAEDICS	200 GAMBLE DR LINCOLNTON, NC 28092-4421	(704) 732-5501
1821329434	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY CAROLINAS MEDICAL CENTER - LINCOLN	433 MCALISTER RD LINCOLNTON, NC 28092-4147	(980) 212-2000

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	91	$18,767,728	7,765	2,690	3,505	13,960
Intensive Care Unit	10	$6,543,848	1,380	397	653	2,430
Nursery		$458,543	N/A	619	148	767
Total Acute	**101**	**$25,770,119**	**9,145**	**3,706**	**4,306**	**17,157**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		1,743	1,144	934	3,821
Average Length of Stay		5.2	3.2	4.6	4.5
Average Daily Census		25.1	10.2	11.8	47.0

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Total Other	**0**	**$0**	**0**	**0**	**0**	**0**
Total Complex	**101**	**$25,770,119**	**9,145**	**3,706**	**4,306**	**17,157**

Levitt.2013.00038758

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$86,397,915	$9,991,452	$173,453,489	$269,842,856

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	500
Outpatient Surgeries:	1,400
Births:	300
Outpatient Visits:	20,900
Emergency Room (Not Admitted):	10,700
Emergency Room (Admitted):	3,300

Clinical Services

Definitions

Emergency Services
- Emergency Department

Neurosciences
- Electroencephalography (EEG)
- Sleep Studies

Other Services
- Inpatient Surgery
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care
- Intensive Care Unit (ICU)

Wound Care
- Wound Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 01/30/2012 / Definitions and Terms of Use

- Current Status: 07/31/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- No data are available.

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: No data are available

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Data are not available

ahd.com

Profile - February 6, 2013

Carolinas Medical Center

Charlotte, NC 28203
CMS Certification Number: 340113

Financial data for hospital cost report period ending 12/31/2011 (HCRIS 7640 - 2010).
Medicare IPPS claims data are for federal fiscal year ending 09/30/2011 (Final rule MedPAR).
Medicare OPPS claims data are for calendar year ending 12/31/2010.
Data from other sources and their effective periods are identified within report headers.

Identification and Characteristics

Last updated 11/15/2012. Definitions

Name and Address: **Carolinas Medical Center**
1000 Blythe Boulevard
Charlotte, NC 28203

Telephone number: (704) 355-2000

Hospital Website:
www.carolinashealthcare.org/cmc

CMS Certification Number: 340113

Type of Facility: Short Term Acute Care

Type of Control: Governmental Hospital District

Health Care System: Carolinas HealthCare System
Charlotte, NC

System Website:
www.carolinas.org

General Med/Surg Beds: 566

Special Care Beds: 220

Total Employees: 8,141

Total Discharges: 46,294

Total Patient Days: 262,910

Total Patient Revenue: $3,739,739,520

County (FIPS code): NC119 - Mecklenburg, NC

CBSA (formerly MSA): 16740 - Charlotte-Gastonia-Concord, NC-SC

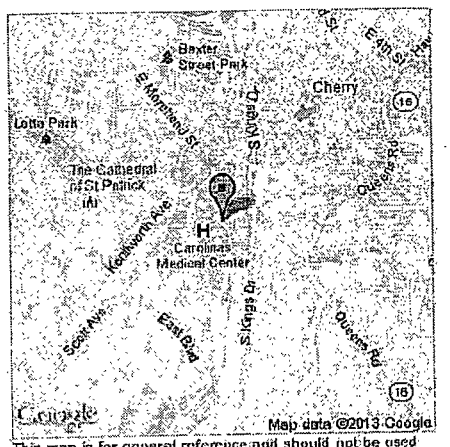
Longitude / Latitude: 81° E / 35° N

Fiscal Intermediary: Palmetto Government Benefits Administrators

Urban / Rural Designation: Urban

Medicare Certified Beds: 843

NOTES



This map is for general reference and should not be used in seeking medical care.

Key Contacts

Contact information is copyright SK&A and is not included in downloads of this page.
(SK&A contact information last updated 05/17/2012.)
No data are available for export.

Petitioner's Trial Exhibit 054

Levitt.2013.00038740

Components (Medicare Certified)

NPI Information last Updated 12/10/2012 / Definitions

Type of Component	Provider Number	Medicare Payment System	Medicaid Payment System	Certified	NPI
Hospital	340113	PPS	Other	07/01/1966	1295789907
Psych Subprovider	34S113	PPS	Other	10/01/1983	1053358945
Rehab Subprovider	34T113	PPS	Other	01/01/2009	1699829887
Renal Dialysis	342306			08/01/1983	1720029705

Associated NPIs

NPI Information last Updated 12/10/2012 / Definitions

NPI	Name	Address	Telephone
1043313513	CAROLINAS MEDICAL CENTER	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2000
1053358945	CAROLINAS MEDICAL CENTER BEHAVIORAL HEALTH CENTER CMC RANDOLPH	501 BILLINGSLEY RD CHARLOTTE, NC 28211-1009	(704) 358-2700
1255501235	CAROLINAS HEALTHCARE SYSTEM	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-1210
1275738833	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY CMC DENTAL CLINIC	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2000
1295789907	CAROLINAS MEDICAL CENTER	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2000
1699829887	CAROLINAS MEDICAL CENTER	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2000
1720029705	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY CMC - RENAL DIALYSIS	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2000
1811005150	THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY CAROLINAS MEDICAL CENTER - REFERENCE LAB	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2000
1982930533	CAROLINAS MEDICAL CENTER/CAROLINAS HEALTHCARE SYSTEM	1000 BLYTHE BLVD CHARLOTTE, NC 28203-5812	(704) 355-2374

Group Purchasing Organizations

Last updated 02/01/2012 / Definitions

Group Purchasing Organization (primary):	Premier Inc 2320 Cascade Pointe Blvd, Charlotte, NC 28208 http://www.premierinc.com

Acute Utilization Statistics by Payor

Definitions

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Routine Services	566	$222,931,392	57,043	31,456	89,747	178,246
Intensive Care Unit	99	$80,307,742	4,655	12,448	7,584	24,687
Coronary Intensive Care	24	$31,968,705	4,253	1,093	3,273	8,619

Levitt.2013.00038741

Surgical Intensive Care	97	$94,890,766	9,857	9,493	9,509	28,859
Nursery		$17,011,040	N/A	14,680	7,819	22,499
Total Acute	**786**	**$447,109,645**	**75,808**	**69,170**	**117,932**	**262,910**

		Discharges / ALOS / ADC			
		Medicare	Medicaid	Other	Total
Discharges		12,599	13,498	20,197	46,294
Average Length of Stay		6.0	5.1	5.8	5.7
Average Daily Census		207.7	189.5	323.1	720.3

Other Utilization Statistics by Payor

	Beds	Revenue	Inpatient Days			
			Medicare	Medicaid	Other	Total
Psychiatric Unit	73	$37,118,880	5,143	9,175	10,493	24,811
Rehabilitation Unit	13	$4,285,908	0	1,296	1,718	3,014
Total Other	**86**	**$41,404,788**	**5,143**	**10,471**	**12,211**	**27,825**
Total Complex	**872**	**$488,514,433**	**80,951**	**79,641**	**130,143**	**290,735**

		Gross Patient Revenue			
		Medicare	Medicaid	Other	Total
Total Hospital Patient Revenue		$853,120,310	$257,531,256	$2,629,087,954	$3,739,739,520

Estimated Patient Volumes

Definitions

Inpatient Surgeries:	18,900
Outpatient Surgeries:	25,200
Births:	9,500
Outpatient Visits:	279,500
Emergency Room (Not Admitted):	32,900
Emergency Room (Admitted):	28,600

Clinical Services

Definitions

Cardiovascular Services
- Cardiac Cath Lab
- Cardiac Rehab
- Cardiac Surgery
- Coronary Interventions
- Electrophysiology
- Vascular Intervention
- Vascular Surgery

Emergency Services
- Emergency Department
- Trauma Center - ACS/COT Verified

Neurosciences
- Electroencephalography (EEG)

Oncology Services
- Cancer Program - ACS/CoC Approved
- Chemotherapy

Other Services
- Hemodialysis
- Inpatient Surgery
- Lithotripsy (ESWL)
- Obstetrics

Radiology / Nuclear Medicine / Imaging
- Computed Tomography (CT)
- Computed Tomography-Angiography (CTA)
- Intensity-Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- Single Photon Emission Computerized Tomography (SPECT)

Rehabilitation Services
- Physical Therapy

Special Care

Levitt.2013.00038742

Radiation Therapy

Organ Transplant (Medicare certified)
Heart Transplant (02/09/1989)
Kidney Transplant (05/04/1970)
Liver Transplant (05/19/1998)
Pancreas Transplant (07/01/1999)

Orthopedic Services
Arthroscopy
Joint Replacement
Spine Surgery

Coronary Intensive Care (CCU)
Intensive Care Unit (ICU)
Surgical Intensive Care (SICU)

Subprovider Units
Psychiatric
Rehabilitation

Wound Care
Wound Care

Joint Commission Accreditation

Accreditation status licensed from The Joint Commission

Last updated 04/30/2012 / Definitions and Terms of Use

- Current Status: 09/19/2009 - Accreditation with Full Standards Compliance

Approved Cancer Program

Approval status provided by The American College of Surgeons (ACS) Commission on Cancer (CoC) Approvals Program.

See ACS/CoC website for more / Last updated 05/18/2012 / Definitions

- Type: Network Cancer Program

Verified Trauma Program

Verification status provided by The American College of Surgeons (ACS) Committee on Trauma (COT) Verification Program.

See ACS/COT website for more / Last updated 05/20/2012 / Definitions

- Type: Level I Trauma Center

Teaching Status

Data are from multiple sources / Definitions

ACGME data are from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

See FREIDA OnLine for more / Last Update 05/22/2012

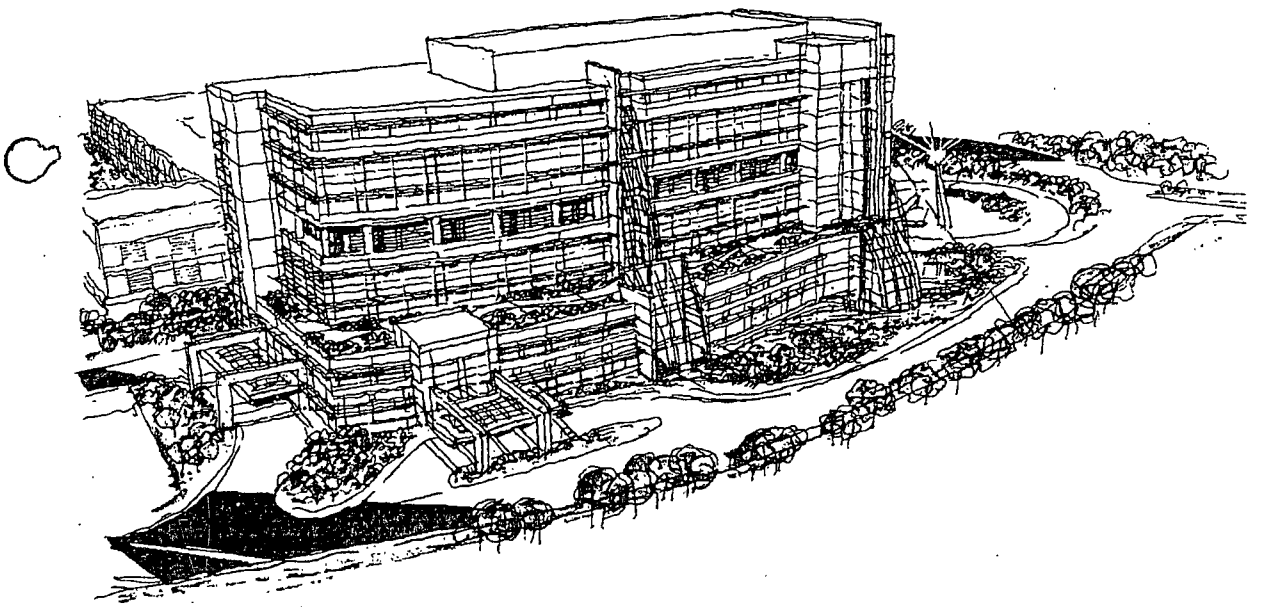
COTH data are from the Association of American Medical Colleges / Division of Health Care Affairs / Council of Teaching Hospitals

See COTH website for more / Last Updated 05/20/2012

- Teaching status = Yes / Number of Interns and Residents = 220 FTEs
- Actively involved as sponsor in ACGME-accredited specialty and subspecialty programs
- Major teaching hospital; member of the Council of Teaching Hospitals and Health Systems (COTH)

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

Certificate of Need Application for
ST. FRANCIS millennium



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October 2008

Petitioner's Trial Exhibit
055

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PET-EX055

00002-00003

BON SECOURS ST. FRANCIS
ONE ST. FRANCIS DRIVE
GREENVILLE, SC 29601

SC

BON SECOURS HEALTH SYSTEM

SCDHEC
2600 BULL ST
COLUMBIA, SC 29201-1708

Check No. 0001058426
Check Date 09/11/2008
Check Amount $500.00
Vendor No. 42228

Invoice Date	Invoice Number	Description	Invoice Amount	Discount Amount	Net Amount
09/10/2008	SCD091008	SHEILA POTEAT MILENNIUM CAMPUS CON	$500.00		$500.00
		TOTAL			$500.00

↓ PLEASE FOLD ON PERFORATION AND DETACH HERE ↓

PAGE 1/1

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

BON SECOURS HEALTH SYSTEM

BON SECOURS ST. FRANCIS
ONE ST. FRANCIS DRIVE
GREENVILLE, SC 29601

CHECK NO. 0001058426
SEPTEMBER 11, 2008
54-1276/611

TO THE ORDER OF SCDHEC
2600 BULL ST
COLUMBIA, SC 29201-1708

**********500.00***
VOID AFTER 90 DAYS

PAY EXACTLY **FIVE HUNDRED AND NO/100 DOLLARS**

Bank of America
Atlanta, Dekalb County, GA

AUTHORIZED SIGNATURE

⑈0001058426⑈ ⑆061112788⑆ 3299788689⑈

000001

PMC.2013.00005377

PET-EX055.0002

RECORD 005749

APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE

Proposal Prepared By:

Name:	Valinda Rutledge		
Title:	Chief Executive Officer		
Organization:	Bon Secours St. Francis Health System		
Address:	One St. Francis Drive		
City:	Greenville	**State:**	South Carolina
Zip Code:	29601	**Telephone Number:**	(864)255-1121

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, are correct to the best of his knowledge and belief.

Signature: Valinda Rutledge

Date: 10/9/08

Forward to:
Bureau of Health Facilities and Services Development
S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

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OCT 14 2008
CON

PMC.2013.00005378
PET-EX055.0003
RECORD 005750

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Part D:	Assurances	55

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B. Letter from the Architect, Equipment List & Quotes
C. Schematics and Space Program
D. Project Narratives
E. Timeline
F. Board of Directors
G. Organizational Chart and List of Facilities
H. Financial Assistance Policy
I. Claritas vs. ORS Data Comparison
J. ORS Data
K. Financing Letter
L. Financial Projections
M. Medical Staff Roster
N. Letters of Support
O. Patient Safety Program
P. Map
Q. Site Plan
R. Site Entitlement; Land Allocation Costs
S. Utility Letters
T. Board Approval

PMC.2013.00005379

PET-EX055.0004

RECORD 005751

APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE

NOTE: A "complete" application shall include a written narrative report by the applicant (Regulation 61-15, Section 202).

PART A - QUESTIONNAIRE (Page 1)

1. Name of Facility:

St. Francis Hospital Inc. - ST. FRANCIS millennium

2. Address, City, County, State, ZIP Code:

Laurens Road and Innovation Way, Greenville, Greenville County, South Carolina 29607

3. Type of Facility (Circle)

[A. Hospital] B. Nursing Home C. Psychiatric Facility D. Rehabilitation Facility

E. Substance Abuse Facility F. Ambulatory Surgery Center G. Other (Specify)

4. Purpose of Review (Circle)

A. New Facility B. Change of Licensure C. Addition to Existing Facility

D. Renovation of Existing Facility E. Change of Services [F. Other Relocation in part of an existing facility]

5. Management

A. Name of Administrator:
Valinda Rutledge, CEO

B. Address, City, State, ZIP Code:
One St. Francis Drive, Greenville, South Carolina 29601

C. Telephone:
864-255-1121

D. Name of Licensee:
St. Francis Hospital, Inc.

6. Ownership or control of the facility (attach a list of names and address of the owners of the facility, indicating percent of ownership of each owner, the person responsible for the proposal and the attorney(s) representing the proposal). Circle the appropriate information regarding ownership.

A. Individual B. Partnership C. Corporation D. Proprietary

[E. Non-Profit] F. Government - State [G. Other (Specify)]

St. Francis Hospital, Inc., is a non-profit corporation wholly owned by Bon Secours St. Francis Health System, Inc., which in turn is a non-profit corporation wholly owned by Bon Secours Health System, Inc.

PMC.2013.00005380

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PART A - QUESTIONNAIRE (Page 2)

7. Is the Proposed Site of the Property?

[A. Owned] B. Leased C. Length of Site Lease

D. Option E. Length of Option

F. Name and Address of Owner(s) of Real Property:

St. Francis Hospital, Inc.
One St. Francis Drive
Greenville, South Carolina 29601

Total Bed Capacity for Which Application is Made: **52 Beds**

		Existing Facilities (ST. FRANCIS downtown)		
Type of Beds	New Facility Only	Existing Beds	# Gained or Lost	Bed Total
A. Medical/Surgical	46	199	(2)	197
B. Obstetrics				
C. Pediatrics				
D. Substance Abuse				
E. Psychiatric				
F. Rehabilitation		19		19
G. Nursing Care				
H. RTC's				
I. ICU/CCU	6	27		27
J. Observation				
K. Total	**52**	**245**		**243**

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RECORD 005753

Part A - Questionnaire (Page 3)	
9. Construction and Site:	
A. Type of Construction: **New Construction**	B. Number of Buildings: **One**
	C. Number of Stories: **Four**
D. Size of the Site in Acres: **Approx 20 acres**	E. Square Footage of Facility: **230,503 Gross Square Feet**
F. Anticipated Date of Beginning Construction: **January 2010**	G. Anticipated Date of Licensing or Project Completion: **December 2011**
10. Zoning of Construction Site: **Institutional Zoning**	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost: **$2,000,000**	B. Construction Cost: **$90,386,880**
C. Architect's Fee: **Total Professional Fees: $8,739,653**	D. Equipment Costs 1) Fixed Equipment: **$16,650,000** 2) Moveable Equipment:
E. Financing Cost During Construction: **$6,000,000 (cost of capital)**	
F. Other Costs: **$27,278,063**	G. Total Project Cost: **$151,054,596 including net cost of capital.**
H. Construction and Equipment Cost 1) Per Square Foot: Construction & Equipment: **$464;** Construction Only: **$392** 2) Per Bed: **$2,058,402**	

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.**

The published notification of the intent to file this CON is provided as **Attachment A.**

PMC.2013.00005383

PET-EX055.0008

RECORD 005755

(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 result in the discontinuance of an existing service. If a new facility is proposed, list all services to be provided.

Response: St. Francis Hospital, Inc., (SFH) proposes to build a 52-bed satellite facility in Greenville, Greenville County, South Carolina.

Founded in 1932, ST. FRANCIS downtown is one of two Bon Secours St. Francis Health System (BSSFHS) hospitals in Greenville, South Carolina. Located in downtown Greenville, ST. FRANCIS downtown offers a wide range of services to a population base residing primarily in northwestern South Carolina. ST. FRANCIS downtown offers patients a complete range of comprehensive surgical and diagnostic services, including open-heart surgery, neurosurgery, bone marrow transplantation, orthopedics and a 24-hour Emergency department. The other hospital, ST. FRANCIS eastside, is a 93-bed facility that provides comprehensive acute care services, including obstetrics and gynecology, orthopedics, imaging and radiology services, and general medical, surgical and critical care. This facility also features a Neonatal Care Unit, which offers 24/7 coverage by a board-certified neonatologist. Access to 24-hour emergency room and fast-track emergency services is also available. BSSFHS's mission as a community of caregivers is to bring compassion to health care and to be good help to those in need, especially the poor and dying.

The 2008-2009 South Carolina Health Plan shows that ST. FRANCIS downtown has a need for 32 additional acute care beds based on the 2006 utilization at ST. FRANCIS downtown and expected population growth in Greenville County.

Figure 1
ST. FRANCIS Downtown
FY 2013 Hospital Bed Need

Age Category	Population 2006	Population 2013	2006 Patient Days	Projected ADC	Bed Need [a]	Existing Beds	Need/ (Excess)
<64	355,960	381,200	25,057	74			
65+	46,370	54,180	33,404	107			
Total	402,330	435,380	58,461	180	258	226	32

Source: 2008-2009 State Health Plan.
(a) Based on 70% occupancy.

ST. FRANCIS downtown has experienced steady increases in utilization, with 2007 data showing the facility to be utilized at 71.2 percent of licensed capacity. From 2004 to 2007, the average daily census increased by nearly 25 patients or 16.6 percent. This illustrates the need for additional capacity to serve the medical needs of the patients seeking services within the Bon Secours St. Francis Health System.

Figure 2
ST. FRANCIS Downtown
Historical Utilization (including Rehabilitation)

	2004	2005	2006	2007
Beds	225	225	225	245
Inpatient Days	54,612	59,466	64,352	63,663
ADC	149.6	162.9	176.3	174.4
Percent Occupancy	66.5%	72.4%	78.4%	71.2%

Source: 2004-2007 Joint Annual Reports.

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PET-EX055.0009

RECORD 005756

Rather than adding these beds to the existing site in Greenville, SFH proposes to relocate existing beds to a site approximately 8.5 miles from SFH and add these beds there. The current ST. FRANCIS downtown and ST. FRANCIS eastside sites do not have the land available for expansion and additionally, it would be cost-prohibitive to expand these aging facilities. Further, by adding a third campus, residents of the area will have increased access to hospital and emergency services.

The facility will be known as ST. FRANCIS millennium (Millennium Campus), and will be developed by the licensee, SFH. The proposed facility will encompass approximately 230,503 gross square feet of space on a nearly 20-acre site. The following lists the services to be offered and the locations of departments on each floor of the facility:

Figure 3
Service and Location Summary

Basement Level:	
Sterile Processing	Environmental Services
Food Service	Pharmacy
Building Support	Laboratory
Materials Management	Information Technology
Parking Deck	Central Energy Plant
First Floor:	
Emergency Department	Diagnostic Imaging
Cardiology	Pre-Admit Testing
Central Registration	Chapel
Lobby	Medical Records
Medical Staff and Volunteer Services	Admin/Business Office
Medical Records	Education
Second Floor:	
10 ORs	PACU
Staff Support	Prep & Phase II Recovery
Third Floor:	
34 Medical/Surgical Beds (Ortho/Spine)	
Fourth Floor:	
12 Medical/Surgical Beds	6 ICU Beds
16 Observation Beds	

The proposed hospital would be located within the Millennium Campus which is comprised of 2,000 acres of currently undeveloped land. Referred to as a "cosmopolitan sub-city," the Millennium Campus will become a premier community known for its innovation-focused business and industry. The Master Plan reflects a strategically planned, pedestrian-friendly campus that encompasses seven corporate communities. It will be developed in order to target a mix of businesses in these tracts related to the life science, biomedical, pharmaceutical, financial, automotive and aerospace industries. Campus residents will be challenged to create unique facilities, promote technology, and celebrate the environment. Campus architecture will reflect smooth surfaces, flat roofs, glass and metal paneling, with lighting as a

key component of design. Outdoor meeting and recreation areas, meditation gardens, public art plazas, as well as walking and bike paths will support the community atmosphere.

The 2008-2009 South Carolina Health Plan shows a net bed need of 32 beds at ST. FRANCIS downtown. In addition, the 2008-2009 State Health Plan states that hospitals may add up to an additional 50 beds order to allow for a cost-effective and efficient project. The proposed project will also relocate 2 beds from ST. FRANCIS downtown to the proposed hospital. As an alternative to the expansion of the existing facilities, it was decided that based on patient service patterns and population growth, Greenville County residents would best be served by a satellite facility to be located within the newly developed Millennium campus in Greenville. The proposed location of the Millennium Campus hospital will increase access to hospital services and enhance the geographic distribution of beds within Greenville County, resulting in increased access and convenience for service area residents.

(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.**

Response: The total cost associated with this project is $151,054,596. Letters from the architect, Chris D. Richardson, Managing Principal of Freeman White, verify the construction and equipment costs; these letters are provided in **Attachment B**. "Other Fees" includes site testing and surveys, permits, insurance, signage and other miscellaneous. A $6,000,000 cost of capital expense is also included in the total project costs. This represents the imputed cost that Bon Secours Health System charges its subsidiaries to use funds.

The following table summarizes the total project costs:

Figure 4
Project Cost Summary

	Amount
Land Cost	$ 2,000,000
Construction Cost	$ 90,386,880
Equipment	$ 16,650,000
Furniture & Fixtures	$ 3,836,735
Project Contingency	$ 5,440,561
Escalation on Construction	$ 5,395,408
Other:	
Construction for Backfill Expansion	$ 1,438,776
Professional Fees	$ 8,739,653
Information Systems	$ 8,824,490
Other Fees	$ 2,342,093
Total Other	$ 21,345,012
Subtotal	$ 145,054,596
Cost of Capital	$ 6,000,000
Grand Total	**$ 151,054,596**

Land costs were calculated based on a pro rata portion of the entire 54-acre site. Approximately 20 acres will be used for the hospital and 20 Medical Office Buildings. The cost of the 20 acres was pro rated based on the estimated size of each of the buildings. The calculation summary and the land purchase documents are included in **Attachment R**.

Included in **Attachment B** is a list of equipment costing more than $600,000 involved in this project and the corresponding vendor quotes. The equipment associated with the proposed project is based on the Space Program, which is provided in **Attachment C** and takes into consideration all services to be provided at the proposed Millennium Campus.

(4) State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.

Response: SFH's proposed 52-bed Millennium Campus hospital will be located at the intersection of Laurens Road and Innovation Way, within the Millennium Campus development in Greenville. The building will encompass approximately 230,503 gross square feet on five floors, including the basement level. The following lists the services to be offered and the locations of departments on each floor of the facility:

Figure 5
Service and Location Summary

Basement Level:	
Sterile Processing	Environmental Services
Food Service	Pharmacy
Building Support	Laboratory
Materials Management	Information Technology
Parking Deck	Central Energy Plant
First Floor:	
Emergency Department	Diagnostic Imaging
Cardiology	Pre-Admit Testing
Central Registration	Chapel
Lobby	Medical Records
Medical Staff and Volunteer Services	Admin/Business Office
Medical Records	Education
Second Floor:	
10 ORs	PACU
Staff Support	Prep & Phase II Recovery
Third Floor:	
34 Medical/Surgical Beds (Ortho/Spine)	
Fourth Floor:	
12 Medical/Surgical Beds	6 ICU Beds
16 Observation Beds	

The detailed space program summary for the proposed project is provided in **Attachment C.**

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PMC.2013.00005388

PET-EX055.0013

RECORD 005760

(5) **Provide details regarding any proposed construction and/or renovations. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for any temporary move or relocation of any department, facility, or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.**

Response: Rather than adding 50 additional beds to the existing site in Greenville, SFH will relocate in part to a new site, approximately 8.5 miles from ST. FRANCIS downtown, and add 50 new beds at that site in addition to the two beds that will be relocated. The current ST. FRANCIS downtown and ST. FRANCIS eastside sites do not have the land available for expansion; additionally, it would be cost-prohibitive to expand these aging facilities. As this project involves the development of a new satellite hospital, there will be no need to temporarily relocate departments during the construction period and all services at ST. FRANCIS downtown will remain in operation. **Attachment C** contains the schematics and space plan for the proposed project.

The two beds that are being relocated from ST. FRANCIS downtown will come from the existing seventh floor orthopedic unit. Upon implementing the project, the rooms will be converted to storage/support space. **Attachment C** contains the schematics illustrating the impacted rooms.

The proposed hospital would be located within the Millennium Campus which is comprised of 2,000 acres of currently undeveloped land. Referred to as a "cosmopolitan sub-city," the Millennium Campus will become a premier community known for its innovation-focused business and industry. The Master Plan reflects a strategically planned, pedestrian-friendly campus that encompasses seven corporate communities. It will be developed in order to target the mix of businesses in the life science, biomedical, pharmaceutical, financial, automotive and aerospace industries that compose these tracts. Campus residents will be challenged to create unique facilities, promote technology, and celebrate the environment. Campus architecture will reflect smooth surfaces, flat roofs, glass and metal paneling, with lighting as a key component of design. Outdoor meeting and recreation areas, meditation gardens, public art plazas, as well as walking and bike paths will support the community atmosphere.

The proposed Millennium Campus Hospital will address the requirements of the LEED® for New Construction v2.2 Rating System and become one of the first LEED®-certified hospitals in South Carolina. The LEED® (Leadership in Energy and Environmental Design) Green Building Rating System from the U.S. Green Building Council (USGBC) is a 'voluntary, consensus-based, market-driven building rating system based on existing proven technology.' The rating system offers a way to measure a building's environmental performance through five categories: Sustainable Sites, Water Efficiency, Energy and Atmosphere, Materials and Resources, Indoor Environmental Quality and Innovation in Design. SFH and the design team have challenged themselves to achieve a Certification Level from the USGBC that would illustrate to the community their commitment to and encouragement of environmentally responsible design.

The following summarizes the site work, HVAC, electrical, structural, architectural and landscaping aspects of the proposed project. Included in **Attachment D** are the full narratives explaining each component.

Site Work

The proposed facilities will be pursuing LEED® Gold certification so certain site factors need to be analyzed. The outdoor spaces for the campus represent unique healing opportunities for the patients. These areas should include site furnishings for places of respite as well as the potential for water features and gardens. For more specific information regarding updated landscaping components, please see the enclosed Landscape Narrative.

There are two heat island effect credits that will be pursued, non-roof and roof. The non-roof materials requirement will be pursued through the parking deck. At least 50 percent of the site parking will need to be covered, within the deck, and the top level of the deck has to achieve a Solar Reflectance Index (SRI) of greater than or equal to 29. The credit for heat island effect from the roof can be achieved in one of several different ways. A cover material with an SRI greater than 78 can be used, a green roof over 50 percent, or a combination thereof.

To meet light pollution requirements, the following criterion needs to be followed for exterior and interior site lighting. Exterior site lighting shall meet applicable life safety requirements while not exceeding 80 percent of the lighting power densities for the outside space and 50 percent for building facades and landscaped areas. Interior lighting with direct line of sight to any opening of the buildings shall meet one of two requirements: Luminaires shall be equipped with automatic dimmers that will reduce illumination levels by at least 50 percent from 11 pm to 5 am, or the area of direct line of sight shall have shielding that is either permanent or automatic to achieve a resultant transmittance of less than 10 percent.

Finally, alternative transportation credits will be pursued in several ways. Designated spaces for both car pools and electric cars shall be provided. These spots shall be clearly distinguished with signage and be equipped with power outlets at the electric car stations.

Both sites generally slope to the west and ultimately drain to tributaries of Laurel Creek. There is currently a master storm water detention system for the Millennium Campus that has capacity for up to 46 percent impervious area for the proposed developments within the campus. All other impervious area over the 46 percent will have to be detained on-site by detention ponds, retention ponds, underground detention, or a combination of the above. Storm water quality requirements by SCDHEC and the City of Greenville will be achieved on-site through similar systems.

HVAC

The new hospital building will include a Central Energy Plant (CEP) that will generate chilled and hot water, steam and emergency power. A CEP will be located in the Northwest corner of the facility, in the back of the property. This central energy plant will house high efficiency chillers utilizing ozone non-depleting refrigerant R-134a, associated pumps, and cooling towers.

Cooling Towers will be reduced noise pollution construction. High efficiency hot water boilers and associated pumps will be provided to supply heating hot water to the main hospital. These boilers will be dual fuel (gas and oil) with an above- or below-ground oil tank. Chilled water and hot water supply and return piping will be direct-buried and routed from the CEP to the hospital and will be provided with intermediate access/service manholes. The CEP will be designed to add additional chillers and two boilers as the main hospital expands. Facility will be built with expansion for future growth. The piping in the CEP will be sized to handle the future expansion.

Electrical

The hospital normal electrical service will be located in the hospital's main normal electrical room and will be fed from two pad-mounted Duke Energy transformers feeding to the Main-tie-Main switchgear. The switchgear will have drawout breakers and busses that can be joined together via a tie breaker. The switchgear will have multifunction electronic metering. The mains and tie breakers will be 4000A each. Feeder length will be approximately 200 feet from the transformers to the switchgear. The switchgear will have a load monitoring system, to meet the LEED® requirement for measurement, which will monitor the load of each distribution circuit breaker. Distribution circuits will be designed to feed segregated loads (lighting, cooling, heating, etc.) to aid in load monitoring.

The CEP normal electrical service will be located in the CEP and will be fed from a single pad-mounted Duke Energy transformer feeding to the main circuit breaker switchgear. The switchgear will have drawout breakers. The switchgear will have multifunction electronic metering. The main breaker will be 4000A. The switchgear will have a load monitoring system, to meet the LEED® requirement for

measurement, which will monitor the load of each distribution circuit breaker. Distribution circuits will be designed to feed segregated loads (lighting, cooling, heating, etc) to aid in load monitoring.

The parking deck normal electrical service will be located in the main electrical room and will be fed from a single pad-mounted Duke Energy transformer feeding to the main circuit breaker switchboard. The service entrance panel will have multifunction electronic metering. The main breaker will be 1600A.

Structural

Building Description

The hospital building will be a four-story structure containing approximately 230,500 square feet. It will have two wings (East and West) separated by an expansion joint with partial basements under each wing. A mechanical penthouse will extend above the roof level.

Foundations

Based on the preliminary geotechnical report, it is anticipated that shallow foundations will be used to support the structure. Typical foundations for isolated columns will consist of spread footings. Exterior walls will be supported on continuous strip footings. Support for interior non-load bearing masonry partition walls will consist of thickened, reinforced, slab on grade ribs under the walls. Foundation walls will be formed cast-in-place reinforced concrete.

- Typical interior footings will be approximately:
  - 16' square by 3' deep for a steel framed superstructure
  - 20'-0" square x 4' deep for a concrete framed superstructure.
- Footing and slab on grade concrete: f'c = 3000 psi normal weight (145 pcf)
- Foundation wall concrete: f'c = 4000 psi normal weight (145 pcf)
- Interior top of footing elevations will be approximately 2'-0" below the top of the finished floor
- slab or finished grade.
- Slab on grade will be 4" thick concrete reinforced with 6x6 W1.4xW1.4 WWM on a 4" stone
- base.

Architectural

LEED® Initiative

All components of the campus are anticipated to be LEED®-certified. Preliminary review indicates the potential for a Gold level certification. Documentation and monitoring will be required by the construction manager and select subcontractors as part of the certification process. This will include regular meetings and maintaining logs of construction activities and sources of materials. It will also include specific actions to minimize debris and recycle waste. See attached LEED® Initiative Narrative.

Exterior Wall and Roof Systems

Hospital:

- Hospital will be constructed to Institutional (I-2) standards per International Building Code and South Carolina DHEC. Construction will be to International Building Code Type II construction. Building will be completely protected by automatic fire sprinkler system or other automatic fire suppression system in areas that have sensitive computer equipment that would be damaged by fire sprinklers.
- Exterior wall materials will include stacked stone veneer masonry, artificial stone masonry veneer and precast architectural concrete panels up to the main floor level, precast concrete panels and/or brick veneer through the first and second floors with metal panel system on third, fourth floors and the mechanical penthouse.
- Storefront/curtain wall system will be based on a Wausau double glazed system with thermal break. Glazing on the south, east and west-facing walls will have a higher shading coefficient than glazing facing north, and will have Brise Soleil (metal louvered sunscreens) conditioning on South facing elevations.

- Exterior wall framing system will include structural-gage steel studs with moisture resistant fiber glass reinforced sheathing.
- Wall insulation will include recycled cotton batt insulation and icynene foamed insulation to obtain the required insulating value.
- Roof will be fully adhered EPDM membrane with low albedo level where exposed and 'green' roof system with membrane, planting medium and low maintenance plantings on roofs below the fourth floor. Provide drip irrigation for roof planting. Upper roof and penthouse roof will have photovoltaic panel system mounted above.

Landscaping

Site landscaping will conform to the minimum regulations and standards of the City of Greenville. Plantings used to satisfy these requirements will be native to South Carolina, low maintenance, and be adaptable to the correct plant hardiness zone for Greenville as defined by the current USDA Hardiness Zone Map. Plants will be irrigated using temporary drip irrigation techniques.

(6) **If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.**

Response: Not applicable. This project does not involve a replacement facility.

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PET-EX055.0018

RECORD 005765

(7) **Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc.) will be obtained, and date of start of construction. The timetable shall be presented in one-month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects.**

Response: Upon approval of this CON application, construction of the proposed Millennium Campus facility will commence in January 2010, and will be completed in December 2011. It is anticipated that the new hospital will be licensed and begin operation by December 2011. The detailed project timeline is provided as **Attachment E**.

(8) Provide the following ownership information:

(a) Proposed name of facility;

St. Francis Hospital, Inc. - ST. FRANCIS millennium

(b) Name and address of licensee or prospective licensee. (Note: The licensee is defined as the legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service; the owner of the business. The licensee must be the entity to whom the Certificate of Need is issued.)

St. Francis Hospital, Inc.
One St. Francis Drive
Greenville, South Carolina 29601

(c) Complete title of the licensee's governing body.

Board of Directors
St. Francis Hospital, Inc.

Please see **Attachment F** for a complete listing of the Board of Directors.

(d) Name, title and mailing address of presiding officer of the governing body.

Marshall J. Collins, Jr.
Chairman of the Board
St. Francis Hospital, Inc.
One St. Francis Drive
Greenville, South Carolina 29601

(e) Name and mailing address of all persons and/or legal entities having any ownership interest or owner's equity of the licensee to include a schedule of percent and type ownership claim of each.

St. Francis Hospital, Inc., is wholly owned by Bon Secours St. Francis Health System, Inc., which is, in turn, wholly owned by Bon Secours Health System, Inc., the address for both entities follows:

St. Francis Hospital, Inc.
One St. Francis Drive
Greenville, South Carolina 29601

Bon Secours Health System, Inc.
1505 Marriottsville Road
Marriottsville, Maryland 21104

(f) Name and mailing address of all persons and/or legal entities claiming an ownership interest of the licensee or of the facility or service for which this Certificate of Need is requested to include a schedule of percent and type of claim of each.

Not applicable to this project.

(g) **Provide a listing which identifies all officers of the licensee.**

An organizational chart for the Bon Secours St. Francis Health System Leadership is included as **Attachment G.** The officers of the licensee are included on the organizational chart.

(h) **Is the land and/or building on/in which the proposed facility or service is to be conducted owned by the applicant.** ☒ **YES** ☐ **NO If no, provide information on the land and building similar to that required in (b) through (g) above.**

(i) **Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility or service?** ☐ **YES** ☒ **NO If yes, provide information similar to that required in (b) through (g) above.**

(j) **Is there any agreement, contract, option, understanding, intent or other arrangement that will effect a change in any of the information requested and/or provided in (b) through (g) above.** ☐ **YES** ☒ **NO If yes, provide information similar to that required in (b) through (g) above.**

(k) **Provide a complete listing of all existing licensed health care facilities and/or services and Certificates of Need in which the proposed licensee currently has an ownership interest, to include names and addresses of each facility or service. In the cases of Certificates of Need for undeveloped facilities and services, provide the name, address, and telephone number of a contact person representing the authority which issued the Certificate of Need.**

Bon Secours St. Francis Health System in Greenville, South Carolina consists of the following licensed entities:

St. Francis Hospital, Inc. (ST. FRANCIS downtown)
St. Francis Women's & Family Hospital (ST. FRANCIS eastside)
Open Arms Hospice
St. Francis Hospital Home Care
St. Francis Outpatient Center
Upstate Surgery Center

Attachment G provides the addresses of these entities.

(l) **Should the licensee be a subsidiary corporation, provide a diagram of the licensee's relationship to the parent corporation and list the name and address of the parent corporation as well as the corporation which has ultimate control. In addition, please provide the name and mailing address of all persons and/or legal entities having ownership interest of 5 percent or more or any person with any agreement, contract, option, arrangement, or intent to acquire ownership interest of 5 percent or more, of all corporations in the corporate organizational structure which have ultimate control of the licensee.**

St. Francis Hospital, Inc., in Greenville, South Carolina, is wholly owned by Bon Secours St. Francis Health System, Inc., the address for which is as follows:

Bon Secours St. Francis Health System, Inc.
One St. Francis Drive
Greenville, SC 29601

Bon Secours St. Francis Health System, Inc., is owned by Bon Secours Health System, Inc., the address for which is as follows:

Bon Secours Health System, Inc.
1505 Marriottsville Road
Marriottsville, Maryland 21104

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PMC.2013.00005396

PET-EX055.0021

RECORD 005768

An organizational chart for the Bon Secours St. Francis Health System Leadership is included as **Attachment G.**

PMC.2013.00005397

PET-EX055.0022

RECORD 005769

(9) **Provide documentation that the applicant has sought cooperative agreements such as transfer agreements with other facilities, as applicable.**

Response: SFH has transfer agreements with the following facilities. The proposed Millennium Campus facility will hold similar agreements. Furthermore, the Millennium Campus, as a sister hospital of ST. FRANCIS downtown and ST. FRANCIS eastside will have cooperative transfer agreements with these facilities as well.

- Briarwood Nursing Center
- Brookside Nursing Center
- The Center for Special Surgery
- J.F. Hawkins Nursing Center
- NHC Healthcare
- Oakmont East Nursing Center
- Oakmont West Nursing Center
- Patewood Surgery Center
- Stroud Memorial Hospital
- Westside Nursing Center

(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 admissions.**

Response: Patients will have access to the proposed Millennium Campus by self-referral and by internal and external physician referral. Patients will be referred by their private physicians or by emergency room physicians. The hospital, like SFH, is anticipated to receive referrals from the local medical community as well as from rural areas in the northwestern region of South Carolina. SFH accepts patients based on their clinical needs and the hospital's assessment of its ability to fulfill those needs without regard to the patient's race, sex, age, color, creed, or handicap. The hospital places no financial restriction on admission and admits patients according to the medical suitability of the patient for its hospital services. There are no limitations placed on admissions. These same policies will apply at the Millennium Campus facility.

Please see **Attachment H** for SFH's Financial Assistance Policy.

PMC.2013.00005399

PET-EX055.0024

RECORD 005771

(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.

Background

Founded in 1932, ST. FRANCIS downtown is one of two Bon Secours St. Francis Health System (BSSFHS) hospitals in Greenville, South Carolina, and serves a population base residing primarily in northwestern South Carolina. ST. FRANCIS downtown offers patients a comprehensive range of surgical and diagnostic services, including open-heart surgery, neurosurgery, bone marrow transplantation, orthopedics and a 24-hour Emergency department.

The 2008-2009 South Carolina Health Plan shows that SFH has a need for 32 additional acute care beds based on the 2006 utilization at ST. FRANCIS downtown and expected population growth in Greenville County.

Figure 6
ST. FRANCIS Downtown
FY 2013 Hospital Bed Need

Age Category	Population 2006	Population 2013	2006 Patient Days	Projected ADC	Bed Need[a]	Existing Beds	Need/ (Excess)
<64	355,960	381,200	25,057	74			
65+	46,370	54,180	33,404	107			
Total	402,330	435,380	58,461	180	258	226	32

Source: 2008-2009 State Health Plan.

(a) Based on 70% occupancy.

Rather than adding these beds to the existing site, the proposed project is for the construction of a satellite hospital in Greenville, approximately 8.5 miles from ST. FRANCIS downtown, to better serve the service area residents by offering three Greenville locations at which to receive high quality services. The current ST. FRANCIS downtown and ST. FRANCIS eastside sites do not have the land available for expansion; additionally, it would be cost-prohibitive to expand these aging facilities. The proposed Millennium Campus hospital will be sized in order to accommodate future expansion. The infrastructure will be constructed in order to allow for additional beds in the future to support the growing service area population.

The 2008-2009 State Health Plan states that hospitals may add up to an additional 50 beds order to allow for a cost effective and efficient project:

> *Should an individual hospital indicate a need for additional beds, then a maximum of the actual projected bed need or up to 50 additional beds may be approved for that hospital to allow for the construction of an economical unit at either the existing hospital site or another site, if the existing hospital is relocating or has relocated in whole or in part to that site. (2008-2009 State Health Plan II-7)*

Additionally, ST. FRANCIS downtown will transfer 2 beds from its current location to the proposed Millennium site. In order to best serve the residents of its service area, the proposed project is for the

construction of a 52-bed hospital. A new 52-bed facility in Greenville will better serve the community and create additional access to the quality services historically provided to the residents of the area by BSSHS. Upon transfer of 2 acute care beds from ST. FRANCIS downtown to the Millennium Campus hospital, ST. FRANCIS downtown will have 243 set up and staffed beds (245 beds are currently reported on the 2007 JAR).

The proposed hospital would be located within the Millennium Campus which is comprised of 2,000 acres of currently undeveloped land. Referred to as a "cosmopolitan sub-city," the Millennium Campus will become a premier community known for its innovation-focused business and industry. The Master Plan reflects a strategically planned, pedestrian-friendly campus that encompasses 7 corporate communities. It will be developed in order to target a mix of businesses in the life science, biomedical, pharmaceutical, financial, automotive and aerospace industries that compose these tracts. Campus residents will be challenged to create unique facilities, promote technology, and celebrate the environment. Campus architecture will reflect smooth surfaces, flat roofs, glass and metal paneling, with lighting as a key component of design. Outdoor meeting and recreation areas, meditation gardens, public art plazas, as well as walking and bike paths will support the community atmosphere.

The services offered at the Millennium Campus will be in addition to, and complementary to, the services offered at ST. FRANCIS downtown and ST. FRANCIS eastside. ST. FRANCIS downtown and ST. FRANCIS eastside. will continue to offer the existing complement of comprehensive services while the Millennium Campus will operate as a community-based satellite facility offering the following services:

Figure 7
Service and Location Summary

Basement Level:	
Sterile Processing	Engineernng
Food Service	Pharmacy
Building Support	Garden Courtyard
Ground Floor:	
Emergency Department	Diagnostic Imaging
Noninvasive Chest Pain Unit	Ambulatory Diagnosics Center
Central Registration	Chapel
Lobby	Medical Records
Medical Staff Services	Admin/Business Office
Second Floor:	
10 ORs	Laboratory
Third Floor:	
12 Medical/Surgical Beds	6 ICU Beds
16 Observation Beds	
Fourth Floor:	
34 Medical/Surgical Beds (Ortho/Spine)	

Millennium Campus Service Area Definition

The Millennium Campus hospital will primarily serve the residents of Greenville County. The secondary service area is comprised of Spartanburg, Laurens, Pickens, Anderson and Oconee Counties. The demographic and utilization data for the service area was analyzed at a ZIP Code level in order to be as detailed as possible. A map of the Millennium Campus hospital's proposed service area is included on the following page.

Figure 8
Millennium Campus Service Area

RECORD 005775
PMC.2013.00005403
PET-EX055.0028
000027

Millennium Campus Demographic Profile

As shown in Figure 9, the population in the ZIP Codes comprising the Millennium Campus' primary service area is projected to grow 6.3 percent between 2008 and 2013. This projected growth represents approximately 29,000 residents over the five-year time period. The growth projected for the Millennium Campus' primary service area is greater than that projected for the State of South Carolina as a whole. By 2013, there are approximately 27,000 additional residents projected for the secondary service area and approximately 56,000 additional residents projected for the service area in total. Additionally, ZIP Code 29607, in which the proposed Millennium Campus hospital will be located, represents approximately 11 percent of the growth projected for Greenville County.

Figure 9
Millennium Campus
Service Area Population Projections

Millennium Service Area	2008	2013	% Change 2008 - 2013
PSA:			
Greenville County			
29601	9,359	9,152	-2.2%
29605	30,000	29,624	-1.3%
29607	34,220	37,289	9.0%
29609	29,314	29,693	1.3%
29611	26,832	26,331	-1.9%
29613	2,343	2,396	2.3%
29615	33,244	34,417	3.5%
29617	24,089	24,417	1.4%
29635	1,413	1,581	11.9%
29644	18,345	19,791	7.9%
29650	27,437	30,497	11.2%
29651	41,755	46,154	10.5%
29661	6,861	7,214	5.1%
29662	15,296	17,179	12.3%
29669	12,505	13,002	4.0%
29673	24,915	26,746	7.3%
29680	24,606	27,318	11.0%
29681	40,286	46,424	15.2%
29687	38,909	40,634	4.4%
29688	121	134	10.1%
29690	19,285	20,341	5.5%
Total	461,137	490,334	6.3%
SSA:			
Spartanburg County			
29301	30,271	31,248	3.2%
29302	16,290	15,884	-2.5%
29303	24,379	24,198	-0.7%
29306	15,155	14,823	-2.2%
29307	20,032	20,110	0.4%
29316	18,240	20,297	11.3%
29322	9,350	10,134	8.4%
29323	14,904	15,580	4.5%
29330	9,083	9,584	5.5%
29334	9,677	10,593	9.5%
29335	6,066	6,208	2.3%
29349	27,383	29,751	8.6%
29356	8,680	9,203	6.0%
29365	8,479	9,297	9.6%
29369	13,718	15,152	10.5%
29372	5,120	5,184	0.9%
29374	3,698	3,841	3.9%
29376	5,737	6,078	5.9%
29385	7,094	7,271	2.5%
29388	13,701	14,052	2.6%
Total	267,054	278,467	4.3%
Laurens County	70,624	71,270	0.9%
Pickens County	115,181	118,063	2.5%
Anderson County	179,989	188,810	4.9%
Oconee County	71,071	74,043	4.2%
Svc Area Total	1,165,056	1,220,987	4.8%
South Carolina	4,394,300	4,625,430	5.3%

Source: SC State Data Center, Office of Research and Statistics, Feburary 2007 and Claritas, March 2008.

000028

PMC.2013.00005404

PET-EX055.0029

RECORD 005776

As stated in question B.11, population statistics used in all analyses must be consistent with those generated by the State Demographer of the State Budget and Control Board. The source for these population projections is Claritas, Inc., as ZIP Code-level projections are not available from the South Carolina State Demographer. A comparison of the area county-wide population projections from Claritas, Inc., and from the South Carolina State Demographer is included in **Attachment I.** The population projections calculated by Claritas, Inc., are consistent with those of the South Carolina State Demographer and are therefore reasonable population data to be used in the absence of ZIP Code-level projections from the South Carolina State Demographer. The Claritas projections are consistently lower than those of the South Carolina State Demographer, therefore the projections are conservative. Claritas projections are routinely used by applicants in CON applications and have been accepted by the Department for ZIP Code-specific population projections in those applications.

The map on the following page depicts the existing providers in the Greenville area.

Figure 10
Existing Greenville Area Providers

RECORD 005778
000030
PMC.2013.00005406
PET-EX055.0031

Utilization Projection

In order to project the
the total discharges
Control Board, Offic
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heart surgery, reha
offered at the propc

South Carolina DHEC
Department of Health and Environmental Control

A Message

To:

From: Elise

Phone: 843-442-8179

Time: Date:

☐ Please Call ☐ Called

☐ Will Call Later ☐ Returned Your Call

Message: holding approval
Letter

By:

DHEC 3000 (6/93)

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a available, is
ychiatry, open
ces will not be

29303	
29306	1,4[illegible]
29307	1,830
29316	1,468
29322	634
29323	1,199
29330	742
29334	758
29335	404
29349	2,205
29356	564
29365	756
29369	844
29372	511
29374	350
29376	591
29385	584
29388	1,298
Total	22,006
Laurens County	5,841
Pickens County	8,714
Anderson County	15,816
Oconee County	6,867
Svc Area Total	91,751

Source: SC State Data Center, Office of Research and Statistics.
Note: Excludes Obstetrics, Newborns, Psychiatry, Open Heart Surgery, Rehab, and Diagnostic & Therapeutic Cath.

Applying these discharges to the 2006 population by ZIP Code and county results in the following 2006 acute care use rates.

Figure 12
Millennium Campus Service Area
2006 Acute Care Use Rates

Millennium Service Area	FY2006
PSA:	
Greenville County	
29601	115.4
29605	94.6
29607	59.6
29609	70.7
29611	109.6
29613	0.0
29615	65.9
29617	76.5
29635	79.9
29644	74.7
29650	62.0
29651	78.0
29661	81.9
29662	65.1
29669	93.6
29673	73.2
29680	45.6
29681	53.9
29687	63.1
29688	60.0
29690	74.5
Total	72.2
SSA:	
Spartanburg County	
29301	76.4
29302	78.7
29303	92.1
29306	94.1
29307	91.5
29316	84.0
29322	70.0
29323	81.9
29330	83.5
29334	81.2
29335	67.2
29349	83.2
29356	66.5
29365	92.5
29369	64.0
29372	100.2
29374	96.2
29376	105.4
29385	83.1
29388	95.7
Total	83.8
Laurens County	83.0
Pickens County	76.4
Anderson County	89.6
Oconee County	98.2
Svc Area Total	80.2

Source: SC State Data Center, Office of Research and Statistics; Claritas, Inc., March 2008.
Note: Excludes Obstetrics, Newborns, Psychiatry, Open Heart Surgery, Rehab, and Diagnostic & Therapeutic Cath.

The 2006 use rates, as shown above, were then applied to the projected population for 2011, 2012 and 2013, the first three years of operation for the Millennium Campus. As shown in Figure 13 below, there will be a projected 5,647 additional discharges in the service area by 2013.

Figure 13
Millennium Campus Service Area Projected Discharges

Millennium Service Area	2006 Population	2006 Discharges	2006 Discharges/1,000	2013 Population	2013 Discharges	2013 Discharges/1,000	Additional Discharges
PSA:							
Greenville County							
29601	9,443	1,090	115.4	9,152	1,056	115.4	-34
29605	30,152	2,853	94.6	29,624	2,803	94.6	-50
29607	33,064	1,969	59.6	37,289	2,221	59.6	252
29609	29,164	2,062	70.7	29,693	2,099	70.7	37
29611	27,035	2,964	109.6	28,331	2,887	109.6	-77
29613	2,322	0	0.0	2,386	0	0.0	0
29615	32,786	2,160	65.9	34,417	2,267	65.9	107
29617	23,959	1,832	76.5	24,417	1,867	76.5	35
29635	1,351	108	79.9	1,581	126	79.9	18
29644	17,797	1,329	74.7	19,791	1,478	74.7	149
29650	26,301	1,630	62.0	30,497	1,890	62.0	260
29651	40,115	3,130	78.0	46,154	3,601	78.0	471
29661	6,725	551	81.9	7,214	591	81.9	40
29662	14,602	951	65.1	17,179	1,119	65.1	168
29669	12,312	1,152	93.6	13,002	1,217	93.6	65
29673	24,218	1,772	73.2	26,746	1,957	73.2	185
29680	23,598	1,077	45.6	27,318	1,247	45.6	170
29681	38,065	2,050	53.9	46,424	2,500	53.9	450
29687	38,240	2,413	63.1	40,634	2,564	63.1	151
29688	117	7	60.0	134	8	60.0	1
29690	18,879	1,407	74.5	20,341	1,516	74.5	109
Total	450,244	32,507	72.2	490,334	35,015	72.2	2,508
SSA:							
Spartanburg County							
29301	29,888	2,283	76.4	31,248	2,387	76.4	104
29302	16,455	1,295	78.7	15,884	1,250	78.7	-45
29303	24,453	2,251	92.1	24,198	2,228	92.1	-23
29306	15,289	1,439	94.1	14,823	1,395	94.1	-44
29307	20,000	1,830	91.5	20,110	1,840	91.5	10
29316	17,476	1,468	84.0	20,297	1,705	84.0	237
29322	9,054	634	70.0	10,134	710	70.0	76
29323	14,642	1,199	81.9	15,580	1,276	81.9	77
29330	8,890	742	83.5	9,584	800	83.5	58
29334	9,333	758	81.2	10,593	860	81.2	102
29335	6,010	404	67.2	6,208	417	67.2	13
29349	26,490	2,205	83.2	29,751	2,476	83.2	271
29356	8,479	564	66.5	9,203	612	66.5	48
29365	8,172	756	92.5	9,297	860	92.5	104
29369	13,183	844	64.0	15,152	970	64.0	126
29372	5,102	511	100.2	5,164	517	100.2	6
29374	3,640	350	96.2	3,841	369	96.2	19
29376	5,606	591	105.4	6,078	641	105.4	50
29385	7,024	584	83.1	7,271	604	83.1	20
29388	13,563	1,298	95.7	14,052	1,345	95.7	47
Total	262,751	22,006	83.8	278,467	23,263	83.8	1,257
Laurens County	70,368	5,841	83.0	71,270	5,916	83.0	75
Pickens County	114,048	8,714	76.4	118,063	9,021	76.4	307
Anderson County	176,577	15,816	89.6	188,810	16,912	89.6	1,096
Oconee County	69,916	6,867	98.2	74,043	7,272	98.2	405
Svc Area Total	1,143,904	91,751	80.2	1,220,987	97,398	80.2	5,647

Source: SC State Data Center, Office of Research and Statistics, Claritas, March 2008

Note: Excludes Obstetrics, Newborns, Psychiatry, Open Heart Surgery, Rehab and Diagnostic & Therapeutic Cath.

St. Francis Health System's 2006 market share for the proposed service area is shown in Figure 14, below.

Figure 14
St. Francis Health System
2006 Market Share

Millennium Service Area	SFHS	Total	SFHS %
PSA:			
Greenville County			
29601	324	1,090	29.7%
29605	691	2,853	24.2%
29607	568	1,969	28.8%
29609	713	2,062	34.6%
29611	978	2,964	32.9%
29613	0	0	N/A
29615	915	2,160	42.4%
29617	571	1,832	31.2%
29635	28	108	25.9%
29644	190	1,329	14.3%
29650	487	1,630	29.9%
29651	432	3,130	13.8%
29681	116	551	21.1%
29682	227	951	23.9%
29689	189	1,152	16.4%
29673	456	1,772	25.7%
29680	202	1,077	18.8%
29681	483	2,050	23.6%
29687	671	2,413	27.8%
29688	1	7	14.3%
29690	362	1,407	25.7%
Total	8,602	32,507	26.5%
SSA:			
Spartanburg County			
29301	8	2,283	0.4%
29302	7	1,295	0.5%
29303	11	2,251	0.5%
29306	2	1,439	0.1%
29307	6	1,830	0.3%
29316	8	1,468	0.5%
29322	10	634	1.6%
29323	6	1,199	0.5%
29330	2	742	0.3%
29334	43	758	5.7%
29335	11	404	2.7%
29349	26	2,205	1.2%
29356	32	564	5.7%
29365	33	756	4.4%
29369	29	844	3.4%
29372	2	511	0.4%
29374	4	350	1.1%
29378	4	591	0.7%
29385	19	584	3.3%
29388	35	1,298	2.7%
Total	298	22,006	1.4%
Laurens County	312	5,841	5.3%
Pickens County	1,058	8,714	12.1%
Anderson County	638	15,816	4.0%
Oconee County	294	8,867	4.3%
Svc Area Total	11,202	91,751	12.2%

Source: SC State Data Center, Office of Research and Statistics.
Note: Excludes Obstetrics, Newborns, Psychiatry, Open Heart Surgery, Rehab and Diagnostic & Therapeutic Cath.

BSSFHS's 2006 market share by ZIP Code and county held constant throughout the projection period. Once the number of SFHS discharges was determined for 2011, 2012 and 2013, the number of discharges for the Millennium campus was projected. The majority of BSSFHS's patients will continue to seek services at SFH's downtown location and over time, a slightly increasing percentage will seek services at the Millennium Campus, based on several factors, including patient and physician preference, and proximity to the Millennium Campus site.

Figure 15
2013 Projected Utilization, Millennium Campus

Millennium Service Area		Service Area Discharges	SFHS Market Share	Total to SFHS	Percent to SFHS	Percent to Millennium	Number to SFHS	Number to Millennium
PSA:	Greenville County							
	Total	35,015	26.2%	9,180	75%	25%	6,885	2,295
SSA:	Spartanburg County							
	29301	2,387	0.4%	8	90%	10%	8	1
	29302	1,250	0.5%	7	90%	10%	6	1
	29303	2,228	0.5%	11	90%	10%	10	1
	29306	1,395	0.1%	2	90%	10%	2	0
	29307	1,840	0.3%	6	90%	10%	5	1
	29316	1,705	0.5%	9	90%	10%	8	1
	29322	710	1.6%	11	80%	20%	9	2
	29323	1,276	0.5%	6	90%	10%	6	1
	29330	800	0.3%	2	90%	10%	2	0
	29334	860	5.7%	49	80%	20%	39	10
	29335	417	2.7%	11	90%	10%	10	1
	29349	2,476	1.2%	29	80%	20%	23	6
	29356	612	5.7%	35	80%	20%	28	7
	29365	860	4.4%	38	80%	20%	30	8
	29369	970	3.4%	33	90%	10%	30	3
	29372	517	0.4%	2	90%	10%	2	0
	29374	369	1.1%	4	90%	10%	4	0
	29376	641	0.7%	4	90%	10%	4	0
	29385	604	3.3%	20	90%	10%	18	2
	29388	1,345	2.7%	36	80%	20%	29	7
	Total	23,263	1.4%	324			272	52
Laurens County		5,916	5.3%	316	90%	10%	284	32
Pickens County		9,021	12.1%	1,095	80%	20%	876	219
Anderson County		16,912	4.0%	682	80%	20%	546	136
Oconee County		7,272	4.3%	311	90%	10%	280	31
Service Area Total		97,398	12.2%	11,909	100%		9,144	2,765

Source: SC State Data Center, Office of Research and Statistics, Claritas, March 2008.
Note: Excludes Obstetrics, Newborns, Psychiatry, Open Heart Surgery, Rehab and Diagnostic & Therapeutic Cath.

SFH's Millennium Campus hospital will have a total of 52 acute care beds. This will include 46 general medical/surgical beds and 6 ICU beds. Based on the need projections the Millennium Campus will have 2,822 discharges in 2013 with 11,271 patient days, and an average length of stay of 4.0 days. The length of stay is estimated based on the historical experience of similar patient populations. The following figure summarizes the projected utilization at the Millennium Campus.

Figure 16
Total Projected Utilization, Millennium Campus

	Year 1 2011	Year 2 2012	Year 3 2013
Svc Area Total	2,265	2,513	2,765
All Other (2%)	46	51	56
Total Discharges	2,311	2,564	2,822
LOS	4.0	4.0	4.0
Total Patient Days	9,245	10,257	11,288
ADC	25.3	28.1	30.9
Beds	52	52	52
Occupancy	48.7%	54.0%	59.5%

Source: SC State Data Center, Office of Research and Statistics, Claritas, March 2008.
Note: Excludes Obstetrics, Newborns, Psychiatry, Open Heart Surgery, Rehab and Diagnostic & Therapeutic Cath.

Because two beds are being relocated from SFH to the Millennium Campus, the resulting utilization at the ST. FRANCIS downtown and eastside campuses in 2011, 2012 and 2013 is presented in the following figure. Please note that these statistics include all service lines (excluding newborns) because SFHS offers a broader range of services than the proposed Millennium Campus would.

Figure 17
St. Francis Health System
Projected Utilization

	2011	2012	2013
Service Area Total	13,462	13,355	13,245
All Other (2%)	275	273	270
Total Discharges	13,737	13,627	13,516
LOS	5.10	5.10	5.10
Total Patient Days	69,713	69,158	68,592
ADC	191.0	189.5	187.9
Beds	316	316	316
Occupancy	60.4%	60.0%	59.5%

Source: SFHS internal data, 2006 SC JAR.
Note: Discharges exclude newborns.

Utilization Projections: Emergency Department

The Emergency Departments (EDs) at both ST. FRANCIS downtown and ST. FRANCIS eastside have been well utilized historically, as shown in Figure 17.

Figure 18
St. Francis Health System
Historical Emergency Department Utilization

	2004	2005	2006
St. Francis Downtown	26,459	26,640	30,900
St. Francis Eastside	21,298	23,499	26,160
Total SFHS ER Visits	**47,757**	**50,139**	**57,060**

Source: 2004-2006 JARs.

The growth in ED visits for both hospitals in aggregate was approximately 19.5 percent between 2004 and 2006, or 9.3 percent annually. Assuming 75 percent of this annual growth rate in the future, there will be a projected 79,955, 85,536 and 91,507 ED visits at the SFHS hospitals in 2011, 2012 and 2013 respectively. Assuming the same percent of patients will be redirected from ST. FRANCIS downtown and ST. FRANCIS eastside to the Millennium Campus as were assumed to be redirected for the acute care beds, there will be a projected 14,866, 16,564 and 19,485 ED visits at the Millennium Campus hospital in the first three years of operation. The figure below outlines this methodology.

Figure 19
ST. FRANCIS millennium
Projected Emergency Department Utilization

	2011	2012	2013
Total SFHS ER Visits	79,955	85,536	91,507
Redirected to Millennium	18.6%	19.4%	21.3%
Number to Millennium	**14,866**	**16,564**	**19,485**

Source: 2004-2006 JARs. LHA methodology.

Utilization Projections: MRI

SFHS's two existing MRI units (at ST. FRANCIS downtown and ST. FRANCIS eastside) have historically been well utilized, as shown in the following figure.

Figure 20
St. Francis Health System
Historical MRI Utilization

	2004	2005	2006	% Change 2004-2006
Inpatient Scans	900	882	925	2.8%
Outpatient Scans	2,321	2,182	2,368	2.0%
Total Scans	3,221	3,064	3,293	2.2%

Source: 2004-2006 SC Joint Annual Reports.

SFH's proposed Millennium Campus facility will include one fixed-base MRI to be housed in the Diagnostic Imaging Department. The residents of the proposed primary service area will benefit from an MRI scanner at the Millennium Campus hospital, which will increase access and convenience. This additional MRI will not adversely affect the existing providers in Greenville County due to the fact that it will serve existing SFHS patients, and will reduce the burden on the existing units at the downtown and eastside campuses. Additionally, as MRI continues to evolve into a standard diagnostic tool for an expanded range of disorders, the proposed 3.0T magnet will enable the Millennium Campus hospital to offer advanced imaging procedures that are not readily available in the service area.

No Adverse Impact on Existing Providers

The proposed 52-bed Millennium Campus hospital will primarily serve the residents of Greenville County. The facility will serve SFH's existing patient base and the increasing patient population projected for the area over the next decade. The projected utilization assumes the 2006 market share experience of SFH and does not include any increase. Since the market is expected to grow, the volume at other existing providers has the potential to be higher than their historical experience. As shown in the previous bed need and service-specific projections, the patients projected to seek care at the Millennium Campus facility will more than support the proposed 52 beds without adversely affecting any existing provider. The two existing St. Francis facilities are currently very well utilized and will redirect volume currently captured from the proposed service area to the Millennium Campus hospital in order to achieve an optimal distribution of hospital services within the service area. The 52 beds at the Millennium Campus Hospital will be at approximately 56 percent of capacity by the third year of operation.

Summary

The need for an additional 52 beds, to be located at the Millennium Campus, is supported by the following:

1. The strong utilization of the existing beds at the two existing St. Francis hospitals;
2. High population growth in the primary and secondary service areas; and
3. Absence of adverse impact on existing providers due to redirection of SFH's existing volume.

The proposed location of the Millennium Campus hospital will place the facility in an area where there will be a great concentration of residents who will experience increased access to hospital services close to home, in addition to high quality care and an enhanced patient experience because of the size of the facility and its affiliation with the St. Francis system. As such, the proposed location of the facility will result in a more desirable and effective distribution of hospital services within Greenville County. As population and business growth occurs in the Greenville area, access to healthcare services will be an increasing problem. Traffic congestion will increase travel times for resident of the area. The availability of services at the Millennium Campus will ease access issues and provide an alternative site for residents to receive inpatient, outpatient, and emergency services.

The need for an additional 52 beds in the area does not rely on the patient populations of other providers, as the projections for the proposed services were based on the capture of market growth that would have historically been served by St. Francis facilities.

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(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.

Response: During the development of the proposed project, SFH considered several alternatives to the construction of the proposed facility.

Maintain the Status Quo

SFH considered doing nothing in light of the strong utilization and projected bed need for its downtown facility. However, the high and consistently increasing utilization of hospital services by residents of Greenville County and the currently high utilization of ST. FRANCIS downtown warranted action by SFH to increase access for the community it serves in the northwestern part of South Carolina. Increasing populations and utilization will only exacerbate the capacity constraints at ST. FRANCIS downtown.

Add 52 Beds to ST. FRANCIS downtown

SFH considered adding 52 beds to its downtown location rather than building the beds within the new Millennium Campus. This alternative was not pursued because the development of the 52 beds at the Millennium Campus provides greater geographic access to acute and specialty care services to SFH's existing patients. Adding 52 beds to ST. FRANCIS downtown would not provide the same geographic access.

Establish the Millennium Campus

SFH decided on the establishment of a 52-bed hospital within the new Millennium Campus in order to increase access to its service area residents. The development of a 52 bed hospital promotes design and construction economies. While the 2008-2009 State Health Plan shows a need for an additional 32 beds at SFH's downtown facility, the Plan does allow for an additional 50 beds in order to promote more efficient construction and operational efficiencies. Additionally, SFH will transfer 2 beds from its downtown location to the proposed hospital. By constructing a 52 bed facility, the cost of the additional beds is incremental, and overall more efficient and less disruptive to patient care in the future to not have to undergo an expansion and lengthy construction project. By constructing the 52 bed hospital at this time, the total cost per bed was significantly reduced. Therefore, the development of 52 bed hospital promotes design and construction economies by reducing the cost per bed, and alleviating the need to incur additional construction costs in the future.

(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.

Response: Establishing a 52-bed hospital at SFH's proposed Millennium Campus represents an efficient utilization of SFH's resources. Constructing the proposed hospital with the Millennium Complex increases accessibility to quality health care and creates additional convenience for the residents of SFH's service area. SFH's ability to provide services at the Millennium Campus with leading edge technology will increase the productivity and efficiency of the providers of care and the systems supporting them will be greatly improved. This, in turn, translates into design economies and ultimately better patient care.

The proposed location of the Millennium Campus hospital will increase access to hospital services and enhance the geographic distribution of beds within Greenville County, resulting in increased access and convenience for service area residents.

(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.)

Response: The proposed project involves the addition of 52 beds to SFH's proposed Millennium Campus site. The following profiles ST. FRANCIS downtown's historical utilization.

Figure 21
ST. FRANCIS downtown
Historical Utilization

	2004	2005	2006
Beds	225	225	225
Inpatient Days	54,612	59,466	64,352
ADC	149.6	162.9	176.3
Percent Occupancy	66.5%	72.4%	78.4%

Source: 2004-2006 Joint Annual Reports.

(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.

Response: The proposed project, with a total cost of $151,054,596, will be funded by Bon Secours St. Francis Health System, Inc.'s, parent corporation, Bon Secours Health System, Inc. The $151,054,596 amount includes $6,000,000 in cost of capital expense that is paid by Bon Secours St. Francis Health System to Bon Secours Health System, Inc. This accounts for the variance in the total project costs and the amount identified in **Attachment K, which** includes a letter from Katherine Arbuckle, Senior Vice President and Chief Financial Officer, that evidences the funds available and Bon Secours Health System, Inc.'s, commitment to finance the project.

(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 used must be shown.

Response: **Attachment L** contains the current annual budget and projected budget for the proposed Millennium Campus site through the first three years after opening.

(17) Document that the proposed charges for the project are comparable to those established by other facilities for similar services within the health service area or state.

Response: The charges for services associated with the proposed project are comparable to those established by other similar facilities in the service area for similar services. The charges for services at SFH's Millennium Campus will be based on, and will remain reasonable and consistent with, those currently in place at SFH. The 2006 MedPar data for SFH and other similar service area providers illustrates that SFH's average charge per inpatient case was consistent with the charges of other area providers. There are no anticipated charge increases other than those necessary to offset inflation. Figure 22 summarizes SFH's average charge per Medicare discharge for the 12-month period ended 9/30/2006, compared to other similar service area providers' charges for 2006.

Figure 22
Average 2006 Charge per Medicare Discharge
St. Francis Hospital and Similar Service Area Providers

Hospital	County	2006 Average Medicare Inpatient Charges
AnMed Health Medical Center	Anderson	$ 41,171
Greenville Memorial Medical Center	Greenville	$ 40,805
Spartanburg Regional Medical Center	Spartanburg	$ 37,091
Mary Black Memorial	Spartanburg	$ 36,736
St. Francis - Downtown	Greenville	$ 33,774
Hillcrest Memorial Hospital	Greenville	$ 24,726
Palmetto Baptist Medical Center Easley	Pickens	$ 23,457
Oconee Memorial	Oconee	$ 20,997
Laurens County Hospital	Laurens	$ 20,168
Greer Memorial Hospital (a)	Greenville	$ 19,261
Cannon Memorial	Pickens	$ 13,190

Source: Medicare Provider Analysis and Review (MedPAR) data file FFY 2006.

(a) Formerly Allen Bennett Memorial Hospital.

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(18) Document that the proposed project is economically feasible, both immediately and long-term. In the case of existing facilities, what impact will the proposed project have on patient charges and cost per unit of service?

Response: As evidenced by the financial projections included in **Attachment L**, the proposed project is feasible both immediately and in the long term. The proposed project will have no impact on patient charges and cost per unit of service and will remain consistent with SFH's historical experience.

(19) State how the project will foster cost containment and improve quality of care through the promotion of such services as ambulatory and home health care, preventive health care, promotion of shared services, economies of scale, and design and construction economies.

Response: The proposed Millennium Campus, as a community-based facility, will provide both routine acute care services and specialized orthopedic services to complement the more extensive array of services currently provided by SFH. Through the development of a hospital in central Greenville County, The proposed project is creating additional health service capacity and enhanced geographic distribution of hospital services, which will provide increased convenience to the residents of Greenville County. The residents of the service area will have to travel shorter distance to the Millennium Campus to receive the high quality care which is offered at the existing downtown campus. The quality and convenience of the proposed hospital will promote preventive care initiatives in the community.

The development of a 52-bed hospital also promotes design and construction economies. While the 2008-2009 State Health Plan shows a need for an additional 32 beds at the ST. FRANCIS downtown facility, the Plan does allow for an additional 50 beds in order to promote more efficient construction and operational efficiencies. Additionally, ST. FRANCIS downtown will transfer 2 beds from its downtown location to the proposed hospital. By constructing a 52-bed facility, the cost of the additional beds is incremental, and overall more efficient and less disruptive to patient care in the future to avoid an expansion and lengthy construction project. By constructing the 52-bed hospital at this time, the total cost per bed was significantly reduced. Therefore, the development of a 52-bed hospital promotes design and construction economies by reducing the cost per bed, and alleviating the need to incur additional construction costs in the future.

Furthermore the Millennium Campus facility will be built according to the LEED® Green Building Rating System. The new facility will address the requirements of the LEED® for New Construction v2.2 Rating System and become one of the first LEED®-certified hospitals in South Carolina. SFH and the design team have challenged themselves to achieve a Certification Level from the USGBC that would illustrate to the community their commitment to and encouragement of environmentally responsible design. Highlighted areas of focus include the reduction in the impact to the natural surroundings, heat island effects, and a decrease in water and energy consumption. In addition, materials with low levels of Volatile Organic Compounds (VOCs) and increased recycled content that can be delivered from the surrounding area take priority over others, not only to promote local economy but also to offset carbon emissions from shipping. SFH's expectation is that their choice to build "green" will provide the environmental, economic and social elements that would benefit all of the building occupants, as well as the general public.

(20) In the case of projects involving additional long-term care beds, discuss how the plans of other agencies, organizations, or programs responsible for providing and financing long-term care have been considered.

Response: Not applicable. This project does not involve additional long-term care beds.

(21) Provide a three-year projected manpower budget in full-time equivalents (FTE's) detailing the existing and proposed nursing, other professional, and non-professional personnel required for the staffing of the new project. Include the name of the Nurse Supervisor or Director, if available.

Response: The following is the three-year projected manpower budget for SFH's Millennium Campus facility. The nursing supervisor has not yet been identified.

Figure 23
ST. FRANCIS millennium Proposed FTEs

Position/Department	2011	2012	2013
Registered Nurse	115.8	121.6	127.7
IP Nursing Unit - Other	21.6	22.6	23.8
Surgery - Other	29.1	30.6	32.1
Emergency Care - Other	7.6	8.0	8.4
Pharmacist	4.0	4.0	4.0
Pharmacy - Other	2.5	2.5	2.5
Radiological Tech	18.5	19.4	20.4
Radiology - Other	6.4	6.4	6.4
Physical Therapist	44.8	47.0	49.4
Occupational/Speech Therapist	2.5	2.5	2.5
PT/Rehab - Other	11.2	11.8	12.3
Cardio-Pulmonary Tech	9.4	9.8	10.3
Cardio-Pulmonary - Other	2.3	2.3	2.3
Laboratory Tech	16.5	17.2	17.8
Lab - Other	4.0	4.0	4.0
Central Sterile	10.7	11.1	11.6
Environmental Services	20.0	20.8	21.6
Materials Management	3.0	3.0	3.0
Linen Services	1.0	1.0	1.0
Food & Nutrition	20.0	20.8	21.6
Plant Maintenance	6.0	6.0	6.0
Security and Safety	12.0	12.0	12.0
Medical Records	6.0	6.2	6.5
Gift Shop	1.0	1.0	1.0
Business Office/Admissions	24.0	25.0	26.0
Nursing Administration	4.0	4.0	4.0
Administration	4.0	4.0	4.0
Corporate Services & Other	50.0	52.0	54.1
Total Projected FTEs	**457.9**	**476.7**	**496.4**

(22) **Provide the number of existing and proposed medical staff by specialty, to include physicians and dentists employed by, or with admission privileges to, the facility. Include the name of the Chief of the Medical Staff, if available.**

Response: As the proposed Millennium campus will be a satellite facility of ST. FRANCIS downtown, it is expected that there will be significant overlap of the medical staff. Included in **Attachment M** is SFH's medical staff roster.

(23) Indicate those physicians who have expressed a willingness to utilize the proposed services or to refer patients to the facility for the provision of services.

Response: The medical staff of SFH are in support of the proposed Millennium Campus and will refer patients to the facility. Letters of support are included in **Attachment N.** Additional letters indicating physician support will be forwarded to DHEC under separate cover.

(24) Discuss the availability of health manpower resources for the provision of the proposed services, including the contemplated program and plan for recruiting and training personnel.

Response: It is not anticipated that SFH will experience difficulty in recruiting the additional FTEs for the Millennium Campus as reflected in the manpower budget. Traditional recruitment methods will be utilized including recruitment from vendor recommended training programs, advertisements in newspapers and trade journals, attendance at job fairs, utilization of professional recruitment agencies, and relationships with medical training programs. All newly hired clinical and technical staff are required to undergo a hospital general orientation, clinical orientation and a departmental orientation. These orientation sessions cover information regarding specific policies and requirements that verify general clinical competencies.

(25) Describe the previous experience of the applicant in the proposed health care field. If the applicant has no prior experience, specify the anticipated sources of technical assistance, either from specific individuals or organizations.

Response: SFH was founded by the Franciscan Sisters in 1932, and has been in continuous operation in Greenville, South Carolina, since that time. SFH is a component of Bon Secours St. Francis Health System (BSSFHS); the following facilities comprise BSSFHS:

1. St. Francis Hospital, Inc. (Campus Name: ST. FRANCIS downtown)
2. St. Francis Women's & Family Hospital (Campus Name: ST. FRANCIS Eastside)
3. St. Francis Outpatient Center
4. Patewood Surgery Center
5. St. Francis Hospital Home Care
6. St. Francis Hospital Home Care-Hospice Services
7. St. Francis Inpatient Rehabilitation

(26) Discuss the impact of the project on the clinical training programs of health professional schools, particularly the extent to which these schools will have access to the services for training.

Response: SFH currently provides student rotations and internships for undergraduate and graduate students at the following institutions/organizations:

- Medical University of South Carolina
- University of South Carolina
- Clemson University
- Medical College of Georgia
- Greenville Technical College
- Bob Jones University
- Winthrop College
- Lander University
- Arrythmia Technologies Institute
- Tri-County Technical College
- Upstate Emergency Medical Services Council, Inc.
- Nova
- American Red Cross

These training programs will continue at SFH and will be extended to the Millennium Campus where the new facility and leading edge technology will foster an improved learning environment for students.

(27) Provide any additional information that would assist the department in evaluating this project.

At a minimum, all applicants must address the following issues:

(a) Accuracy of patient identification;
(b) Effectiveness of communications among caregivers;
(c) Safety of using high-alert medications;
(d) Eliminating wrong-site, wrong-patient, wrong-procedure surgeries;
(e) The safety of using infusion pumps;
(f) The effectiveness of clinical alarm systems;
(g) Any other areas concerning patient safety and/or quality of care issues the applicant wishes to address;
(h) A discussion of deficiencies related to any of the foregoing including complaints cited by the SCDHEC Bureau of Health Facilities Regulation and/or Bureau of Certification within the past year. The applicant may provide additional information and discuss additional time spans, if desired.

Response: Provided in **Attachment O** is a copy of the Patient Safety Program of Bon Secours St. Francis Health System. The Patient Safety Program is extended to each facility within the health system. It was designed in collaboration with many health system employees and has been integrated throughout by its medical staff, nursing and clinical departments, and clinical support service areas. There are no known deficiencies related to any of the foregoing, including complaints cited by the SCDHEC Bureau of Health Facilities Regulation and/or Bureau of Certification within the past year.

PART C: PROGRAMMATIC DOCUMENTS

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate:

(1) An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at a minimum, the following:

a. The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, creed, national origin, and ability to pay.

Response: SFH is committed to meeting the healthcare needs of the community it serves. The hospital opened in 1932, and since that time, no individual in need of medical care has been denied treatment or access due to a lack of financial resources. SFH does not discriminate on the basis of race, sex, creed, national origin, or ability to pay. The policies at SFH's Millennium Campus will be consistent with those in place at SFH. The Financial Assistance Policy, provided in **Attachment H,** demonstrates that the hospital offers care to patients in need regardless of their ability to pay. SFH will continue to follow these non-discriminatory policies in the future at all of its facilities.

b. The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency.

Response: The level of indigent care provided by SFH reflects a tradition of commitment to helping the population of its entire service area. SFH, at all of its facilities, will continue its historical tradition of working with all governmental levels to address the issues of indigent care and secure adequate funding for the future. Please reference **Attachment H** for SFH's Financial Assistance Policy.

c. In existing facilities or agencies, provide the amount, in dollars and percent of gross revenues, that the facility or agency provided in indigent care during the past three fiscal years. NOTE: Indigent care does not include bad debt; contractual adjustments; or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.

Figure 24
2005-2007 Bon Secours St. Francis Health System Indigent Care

Fiscal Year	Indigent Care Dollars	Indigent Care % of Gross Revenue
2005	$22,113,000	3.23%
2006	$37,794,000	4.51%
2007	$45,088,000	4.16%

Source: SFH internal information.

Figure 25
2005-2007 Bon Secours ST. FRANCIS downtown Indigent Care

Fiscal Year	Indigent Care Dollars	Indigent Care % of Gross Revenue
2005	$18,374,000	3.78%
2006	$28,601,000	4.78%
2007	$34,245,000	4.82%

Source: SFH internal information.

d. Provide the proposed amount of indigent care the facility or agency projects to provide during the existing fiscal year and next fiscal year. This projection should be expressed in both dollars and a percent of gross revenues.

Response: The following table shows the amount of indigent care SFH projects to provide during fiscal year 2008 and budgeted for 2009.

Figure 26
St. Francis Health System Projected Indigent Care

Fiscal Year	Indigent Care Dollars	Indigent Care % of Gross Revenue
2008	$45,452,000	4.03%
2009	$47,105,000	4.01%

Source: SFH internal information.

Figure 27
ST. FRANCIS downtown Projected Indigent Care

Fiscal Year	Indigent Care Dollars	Indigent Care % of Gross Revenue
2008	$35,606,000	4.82%
2009	$37,075,000	4.83%

Source: SFH internal information.

e. A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area; and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.

Response: SFH believes that the projected levels of indigent and charity care expressed above are sufficient to meet the needs of the community based upon the historical indigent care experience of SFH and its knowledge of the population served. SFH, at all of its facilities, will continue to ensure that indigent and charity patients requiring hospital services will receive necessary treatment, regardless of their ability to pay.

f. Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency. Include the Board's functions, responsibilities, and limitations.

Response: Not applicable to this project.

(2) **A map of sufficiently large scale to be meaningful, indicating the location of the project site and its geographical area.**

Response: Please see **Attachment P** for a map indicating SFH's Millennium Campus' location within Greenville County as well as the location of SFH's existing downtown and eastside campuses.

(3) **A plot plan of the project site showing existing buildings, roads, parking areas, walks, service and entrance courts, existing utilities (electricity, telephone, water, railroads, sewer, gas, etc.) and other natural land features necessary for adequate analysis of site conditions.**

Response: Please see **Attachment Q** for the site plan.

(4) **A legal description of the project site indicating its physical characteristics and existing easements.**

Response: Please see **Attachment R** for documents evidencing SFH's entitlement to the Millennium Campus site, including the legal description.

(5) **A square foot program of space and/or equipment elements, and scale drawings describing the existing space and proposed alterations and additions.**

Response: Please see **Attachment C** for the space plan and schematic drawings associated with the proposed project.

(6) **Evidence that the site will be properly zoned for the proposed project.**

Response: The site is appropriately zoned for the proposed project.

(7) **Documentation from appropriate sources that utilities supplied to the site are adequate for the project to include electricity, gas, water, and sewerage.**

Response: Please see **Attachment S** for letters evidencing that the utilities supplied to the site are adequate to support the proposed project.

(8) **Endorsement from the community that the project is desirable. This may include but is not limited to members of the medical community, citizen's groups, and other health and social service disciplines in the community.**

Response: Letters of support are included in **Attachment N.** Additional letters will be forwarded to DHEC under separate cover.

(9) **Documentation that the proposed project has been approved by the health facility's planning committee and governing body.**

Response: Please see **Attachment T** for documented approval of the proposed project by the Governing Board.

(10) **For the facilities or services not licensed by the Department of Health and Environmental Control, provide documentation of coordination and support from the appropriate licensing agency.**

Response: Not applicable to this project.

PART D. ASSURANCES

Bon Secours St. Francis Health System assures the following:

(1) That the applicant has or will have a fee simple title or such other estate or interest in the site including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

(2) That approval by the department of the final drawings and specifications, which will be prepared by an architect and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.

(3) That the applicant will submit to the Department for prior approval, changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.

(4) That the applicant will cause the project to be completed in accordance with the Certificate of Need application.

(5) That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge and belief, based upon available records, supplemental documents, and periodic observation of the work, the project was constructed according to those documents approved by the Department.

(6) That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities.

(7) **That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.**

(8) **That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.**

(9) That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of without a Certificate of Need or exemption by the Department being received by the appropriate individual.

(10) That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has been signed by both parties. For services projects, the letter should indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.

(11) That the applicant will notify the Department in writing of the date that a new or expanded services has been implemented, completed or terminated.

(12) That the applicant will provide monthly progress reports and a final completion report which contain the information required by Section 607 of these regulations.

Valenda Rutledge — *Signature*

10/9/08 — *Date*

ATTACHMENT A

PUBLISHED NOTIFICATION OF PROJECT

000059

PMC.2013.00005435

PET-EX055.0060

From: "David Levitt" <david.levitt@comcast.net>
To: "'Lisa Sanders'" <sanderld@dhec.sc.gov>
Date: 10/14/2008 10:12 AM
Subject: Newspaper Pub - Millennium CON
Attachments: Newspaper pub.pdf

Let me know if you have any questions.

David S. Levitt

Levitt Healthcare Affiliates

1778 Emory Ridge Drive
Atlanta, GA 30329
(p) 404.315.9011
(f) 404.315.1071

62 Grace Park
Beaufort, SC 29906
(p) 843.379.9372
(f) 843.379.9373

Cell: 404-964-2658

david.levitt@comcast.net

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Thank you.

000061

FRIDAY, OCTOBER 3, 2008

0008 Legal Notices

0008 Legal Notices

0008 Legal Notices

0008 Legal Notices

0008 Legal Notices

0008 Legal Notices

0009 Master In Equity

R A M S

FOUR RACK TOTAL
TIME LIMIT: 20 MIN

S ANSWER

RAMS SOLUTION

RACK 1 = 66

RACK 2 = 76

RACK 3 = 70

RACK 4 = 9

TOTAL 221

SUMMONS

NOTICE OF FILING

Addendum No. 1

Addendum No. 2

PMC.2013.00005437

PET-EX055.0062

RECORD 005809

290000

0008 Legal Notices

ments may also be filed by e-mail to donahoe.tc.gov. Comments will be received at the above addresses until October 21, 2008.

Addendum No. 3 - School District of Greenville County (SDGC) Sealed Bids from General Contractors - to construct and complete a proposed Donaldson Bus Center in accordance with the specifications set forth in Bid #08-09-9-30.

Mandatory Attendance Pre-Bid Conference was held on Tuesday, September 16, 2008.

Addendum No. 1 was issued on September 22, 2008.

Addendum No. 2 was issued September 29, 2008.

Addendum No. 3 and Addendum No. 4 were issued October 2, 2008. Addendum No. 3 revising the Bid Opening Time and Date was issued October 2, 2008.

Sealed Bids due in the Procurement Office, 301 Pete Hollis Blvd., Taylors, SC by October 10, 2008, 2:00 P.M. EDT. Note: Bid Form is a Revised Bid Form. To request information, bids may be faxed to their Procurement Information Line at 855-1283 or telephone (864) 355-1279. All bid references are to Section 09-30. Patricia F. Burgess

NOTICE TO CREDITORS AND ESTATES: All persons having claims against the following estates are required to deliver or present their claims to the qualified Personal Representative (PR), appointed to administer these estates AND, to file their claims with the Clerk of Court (Probate Court) for the County at 301 University Ridge, Suite 2400, Greenville, SC 29601, on or before the date that is four months after the date of publication of this notice. Creditors' claims filed after the first publication of this notice will be forever barred. Pursuant to the South Carolina Probate Code and other applicable law, claims against these estates will be paid in the manner and in the order of priority as set forth in the Code of Laws of South Carolina. All persons indebted to these estates are required to make payment to the PR. Failure to present claims or make payment as directed may result in the assertion of claims and/or the enforcement of collection against the PR and/or the estate. Claims must be presented in the manner prescribed by the statutes. Claims not presented in the manner prescribed by the statutes will be forever barred. Please direct all claims and payments to the PR at the address listed. Unless otherwise indicated, the decedent's social security number and the date of death are not available. Any claim filed should include the name, address and description of the claimant, the amount claimed, the basis of the claim, the nature of any security, and the name and address of any attorney representing the claimant. Claims will be received at the address listed or at such other address as may hereafter be published or otherwise communicated to the claimant. Claims will be received only from those persons or entities to whom this notice is directed or from those persons or entities who otherwise have actual knowledge of the claim. Claims will be received only at the address listed or at such other address as may hereafter be published or otherwise communicated to the claimant. Claims will be received only from those persons or entities to whom this notice is directed or from those persons or entities who otherwise have actual knowledge of the claim.

2008ES2301735 - K.R. Clark - Division Trailstamp, C 29681

2008ES2301752 - Gail Robert Jr. - Ave Greenville

2008ES2301678 - Christina-Bowers - Duets Lane Falls, 29043

2008ES2301648 - Thomas Hensley - Road Fountain

2008ES2301731 - Rachel Crane

Long Ford Road - Rest SC 29690

Mildred Louise

0008 Legal Notices

Carolina Department of Health and Environmental Control, Regulation 61-15 (Certificate of Need for Health Facilities and Services), St. Francis Hospital, Inc. One St. Francis Drive, Greenville, South Carolina, hereby notifies the public of its planned submission of a Certificate of Need application (CON) to develop a 61-bed satellite hospital at the site located at the intersection of Laurens Road and Innovation Way, Greenville, Greenville County, South Carolina 29607. The facility will be approximately 231,000 square feet with an estimated total project cost of approximately $152 million. Services will include medical/surgical, intensive care, MRI, as well as a fully array of imaging, respiratory care, surgical services, lab, pharmacy, emergency and other related services. The CON application will be submitted within 20 days of this notice.

1. Announcements and Financial

1015 Cemetery

Graceland, White Haven, lot 354 section 12, graves 3 & 4 in front of Wishing Well $2400. Call (864) 787-0263.

To Advertise in The Greenville News Classified, call 298-4221.

Grandview Gardens on 276, is Trav. Rest, 2 plots side by side $1800. (864) 834-8314.

OVILLE MEM. GARDENS Garden of Time, 2 plots, $1,200. 864-202-8271

Woodlawn Memorial Park, Grille plot, section G. Call (864) 242-9118

1030 Dating Services

ALL KINDS OF SINGLES

BROWSE & RESPOND FREE! Straight 864-421-0001 Gay & Bi 864-421-0400 Use Free Code 7138, 18+ Or Visit MegaMatches.com

Explore Your Wildest Fantasies Call 864-240-6499 Enter FREE code: 9718

Tango Between The Sheets Try FREE Use code: 5432 Call 864-232-3727 or 800-300-0300

1040 Entertainment /Tickets

2 TICKETS THE AVATT BROTHERS Nov. 1, 8pm, Peace Center, $70 (843) 771-4046

CAMPING SPOT Infield at Lowe's Motor Speedway 10/11 was $180. 834-5220.

CAROLINA PANTHERS PSL's & SEASON TICKETS. Buy/Sell/Trade 704-735-7633 www.PantherPSLs.com

CAROWINDS TICKETS- 2 adult tix & 1 parking pass, $30/all Call (864) 308-6018

Cherub Line, The Peace Center. 2 tickets $70/ea. Oct. 11 8pm. Call (864) 882-2606

COLDPLAY (2) 11/11, Phillips Arena, Atlanta, Ga. $125. (864) 551-4560 before 10 pm.

USCA: OU MISS, 2 tickets, $100 (864) 346-4446 lv msg

1060 Lost & Found

FOUND RING, Public parking lot, Berea area, Call (864) 313-9529

1065 Pets Lost and Found

FOUND Cocker Spaniel, male,

1530 Business Opportunity

When you see this:



It means you'll find photos online at GreenvilleOnline.com

DISTRIBUTION ROUTE

Greenville/Spartanburg, SC

Arnold Breads & Rolls Thomas' English Muffins Entenmann's Cake Bokoff Bread Shells

- Excellent Earning Potential
- DSD Delivery experience a plus, but not required
- Established routes with TOP food stores
- Adequate route truck or ability to obtain
- Investment required

For additional info, call

George Weston Bakeries, Inc. 864-483-5100

Mon-Fri, 9 AM - 4:30 PM

2. Employment and Instruction

2040 Adult/Child Care

COMPANION AVAILABLE for Dr.'s appts., Errands, Groceries, Lt. Housekeeping, etc. Mon - Fri., Afternoons & Evenings. 20 yrs. experience. Excellent References. Serving Sville/Mauldin/Ville areas. 864-451-3420 or 864-228-7413

I WILL PROVIDE companion care in home/hospital and home help: house work, laundry, errands, etc. $8-9/hr. Part-time. Dependable, honest Christian. 246-3139

LIVE IN NANNY NEEDED for 2 children, 10 yr old girl & 6 yr old boy, must have drivers license, applicants will be subject to a criminal background check. References required. Call 978-1364.

LOVING CHILDCARE Provider Needed in my home in the Greer Area. Call 864-525-6577

QUAD MALE Needs person to assist w/daily needs. Sat. 3 hrs. 9:30am-12:30pm 864-962-9197 Sville

2045 Automotive

Auto Detail Manager

For large volume dealership. Must possess complete knowledge of auto detailing, must have excellent work history, must have initiative & be able to take charge of situations & employees. Excellent pay for the right person. Detail technician also needed. Experience is a MUST. Call Mark: (864) 346-6800.

2080 Computer & Info Systems

Wofford College is seeking a

2160 Medical/Dental

★★ ATTN: CAREGIVERS WANTED, All shifts. Visiting Angels. (864) 284-0379

FLU SHOT CLINICS RNs/LPNs needed for flu shot clinics throughout the upstate. $15/hour. Call Maxim Healthcare Services at 864-242-1994

GRAND OPENING!! Oct. 13th Care A Lot Nursing Assistant Classes 514 S. Main St. Sville, S.C. Applications taken at Open House 10/11 & 10/12, 10am-4pm. Cost is $640 including book & Med Check. Weekday & Weekend classes avail. For more info 864-963-7801

Palmetto Health Baptist Easley has Med Lab Tech, Certified Med Asst. & Certified Nursing Asst. openings. Apply at PalmettoHealth.org

2170 Miscellaneous

American Services Inc. Security, Staffing, Janitorial 1300 Rutherford Road, Greenville, SC Immediate Positions Available - Security Officers and Production Workers

BODY & PAINT PERSON needed for RVs. Must be experienced. Apply in person or Send resume to: 114 Best Dr. Sptbg, SC 29303

EARN EXTRA MONEY Deliver the New AT&T Real Yellow Pages in the Greenville area.

- Full & Part Time Daily work
- Quick pay
- Must be 18 years or older
- Must have drivers license and insured vehicle.

864-271-7239 8:00am-4:30pm M-F

MAB Workforce Solutions 864-242-6462 www.mab.com

Post Office Now Hiring!

Avg. pay $20/hr or $57K/yr. Incl. Fed Ben, OT. Placed by AdSource not affiliated w/ USPS who hires. 866-496-3075

Professional Sales Reps. Professional Pay. $10 - $15 avg/ hr 288-4948 ext 822

TATES TEMPOS AP clerks, clerical, forklift operators light industrial 128 E. Broad St. www.TatesTempos.com

Recruiting Solutions

Visit our Website recruitingsolutions online.com

2180 Office/Clerical

All Star Staffing clerical & industrial allstarstaff.net

Marketplace Staffing Services is accepting applications for Cust. Serv. Reps. Apply between 8am & 4pm M-F 200 Adley Way Greenville, SC 29607 1-864-286-1900

2185 Part-Time

Be your own Boss Determine your own pay! Represent Avon! FT or PT. Call (864) 421-3473.

To Advertise in The Greenville News Classified call 298-4221

2210 Sales

HEALTH INSURANCE AGENT LA&H License Required. Salary, plus commission.

4. Merchandise

4001 General Merchandise

ATV HUNTING Attachments - remote winch, harrows, plow; $495. (864) 621-3873.

DIABETIC TEST STRIPS WANTED, any type, any brand, up to $10. Call Sharon 803-445-8813.

Free Moving Boxes Available 10-6. Various sizes. Call 864-918-6956.

Rolling Stone Magazines Rolling Stone, over 100 issues, 77-01. Springsteen, Heart. Stones. VG condition. $65.00 for all. Bill, 442-3719.

VACUUM - Royal-all steel - Heavy duty. $500+ new, asking $35. 244-0150.

4010 Audio/Video

ALBUMS LP's & 45's, from the 60s & 70s, approx. 75, $100/all. Call (864) 288-3028

ALESIS - Midiverb 4 Advanced 16 Bit, dual channel processor. $75. (864) 895-3320.

AMPLIFIER, TV/UHF-VHF-FM 2 way splitter, 74' coax $25. Call (864) 297-3256.

AMPS (2) 1200 watt., $200. for both, $100 a piece. (864) 380-4913

AMPS OF SEVEN SABLES, The Series, 2-Video set. $20. (864) 233-0341.

AUTOCOM Behringer Model MDX-1200. Dynamics processor. $130. (864) 895-3320

CAMCORDER Mini Alptek, good cond. $75. Call (864) 242-9969.

CAMERAS, dummy, (2) for $30 (864) 233-9749

CAR SPEAKERS pair 6"x 9" oval cone 75-watt Road Gear. new in the box, only $20 ea. firm. Call 864-907-6817, leave message.

CAR STEREO Pioneer DEH P3000 IB. Used 2 months. Like new. $75 OBO. (864) 237-4223

CASSETTE PLAYER Double & high speed dubbing. Works great $25. call (864) 295-1862

CASSETTE TAPES, Pop music, new, $0.50/each Call (864) 963-4620

CB RADIO Browning Golden Eagle, Mark IV. $500 (864) 879-2252

CB RADIO Linear, Fantom Tide Stage, Ekuit Varmint, $500 (864) 879-2252

CD PLAYER (car) Sony with detachable face & remote. $60. Call (864) 644-8468

CHARGER for battery, NH-CD/ M/NH comes with 8 batt. $20 (864) 907-8455

CONDENSER MICROPHONE Marshall MXL2001. $119. (864) 895-3320

Convert tv box digital to analog, Magnavox, TB100MW2 new, w/remote. $45 234-0027

COPIER Office Jet HP 6100 Manual, Fax/copy/scan/print. Good cond $25 288-2431

DIRECT BOX (2) by Whirlwind, standard, IMP1 $28/ea. (864) 895-3320.

DIRECT BOX by Rapco (2) $23/ea. (864) 895-3320

DIRECT TV Satellite boxes (2) Sony, 1 Hughes 2 remotes, $45. (864) 244-5458.

DOOR BELL DEVICE-PLUGS & receptacle & push button, battery, $15/ea. 895-3320

DOUBLE VCR dubbing deck by GQ Video. VHS to VHS copies. $175. (864) 244-5458

DOUBLE VCR dubbing deck by GQ Video. VHS to VHS copies. $175. (864) 244-5458.

DVD RECORDER, RCA with movies, $250. Call (864) 248-2048

DVD's, $8 ea. (864) 325-8911

4010 Audio/Video

MICROPHONES (3) Shure SM-58, M69/ea. (864) 895-3320.

MOVIES, HORROR new, $5 a movie, (40) total, Music CD's $5 ea CD (864) 275-5409

MOVIES VCR'S & DVDs. western, war, various others. $1 ea. (864) 295-2862

MOVIES, VHS, (15) Exc. cond. $2 ea. (864) 644-9468 Easley

Navigation Map for Nissans NEW Updated CD MAP! Will install! 864-420-0937

Navigation Map for Nissans NEW Updated CD MAP! Will install! $55. 864-420-0937

Nintendo 64 Expanded unit/16 games/2 control $50.00. Call 858-5692.

NINTENDO DS, Red, w/ new Super Mario game! Box/ charger incl. $140. 770-5042

NINTENDO Wii, new in box w/ nunchuck, remote, sports pack, $325 (864) 237-2057

PLAYSTATION 2, Itoy & controllers, 6 games, $150 (864) 901-4844

PLAYSTATION 2, w/13 games, $175 (864) 901-4844

PROJECTION TV, 55", Phillips, High Definition ready $400 obo. Call (864) 630-2422

PS2, W/ 27 GAMES 2 wireless controllers, $150 (864) 901-4844

RADAR DETECTOR Passport 7500. Exc. condition. $90. Call (864) 314-3473.

RADIO antique with cassplayer, $25. (864) 295-2862

RECEIVER, CD PLAYER, EQUALIZER $250. Call (864) 244-2040

RECEIVER, JVC, like new, $150. Call (864) 877-3555

RECEIVER, Pioneer, stereo, SX-626, analog, 1972, oldie but goodie, $65 234-9022

RECORD ALBUMS (25) from the 1970's, all types. $2/ea. (864) 244-5297.

RECORD ALBUMS (25) from the 1970's, all types. $2/ea. (864) 244-5297.

RECORD ALBUMS (74) 18 hawaiian, 4 Engelbert, Elvis; $.50 each 963-1295

RECORDS, (120), 45rpm, (110), 78rpm, All for $110 (864) 277-3833

SARAH PLAIN & TALL The Trilogy, collectors edition, 3-video set. $12. (864) 233-0341.

SECURITY MONITOR Excis. w/quad processor. $40. (864) 232-3404

SONY PSP 4 games, 1 movie, case, many extras, memory card, $200. (864) 243-8708

SPEAKERS, 2, 12", Kenwood, run by 1000watt amp, perfect cond. $200 (864) 921-8418.

SPEAKERS (2) Radio Shack 100 watt each, $50/both. Call (864) 242-9969

SPEAKERS DCM 12" woofer 3-way, good cond. $100. (864) 346-8014

SPEAKERS for computer, same new, $2, & up. Guaranteed. (864) 295-2862

SPEAKERS, Sony SSU $40/pair Call (864) 299-0628

SPEAKERS, STEREO, Mirage FRX-7 in floor speakers, $200 Call (864) 288-8853

STEREO 3CD changer, Awia, $30. (864) 325-8911

STEREO, floormodel, German made, $75 Call (864) 234-6617

STEREO SYSTEM with 4 speakers, Quality system, $125. (864) 430-8195

Stereo w/ Speakers all in one Record player/tape deck, $90. OBO. Pics-jase550@aol.com.

STUDIO standard cass. deck by Fisher, exc. cond. $25. (864) 295-2862

SUBWOOFERS (4) 12" 1360 or $150 ea (864) 380-4913

TV 13", 3 mo old, $35 (864) 905-5576

4010 Audio/Video

TV, 45" TOSHIBA 2003, HDTV, w/remote, excellent cond. $450 (864) 325-8550

TV Elite Sony - Simpsonville Rear proj. HD Comp. Exc Cond $250 neg. 864-607-1687

TV 55" wide screen console Philips. Mint condition. $500. Call 244-5473.

TV, $75 (864) 285-4612

TV Color console, Zenith, 26" $35. Call (864) 609-1609

TV Magnavox, 19" color, No remote, $50. Call (864) 288-9029

TV, Panasonic, 27" $30 Call (864) 252-1913

TV, Panasonic 52" HDTV, full ext. warranty, paid $1700 will for $500 obo. (864) 357-7552

TV, RCA 13" excellent, w/ remote, $75 (864) 607-3526

TV, RCA, 28" wide screen tube, HD, excellent cond. $499 obo 476-6328, 415-9724

TV Sanyo, 25", good cond, $25 (864) 268-9759

TV Small, $10. Call (864) 349-1513

VCR, Sylvania w/remote, manual, 2 yrs. old, $35 Call (864) 234-0027

VCR TAPE HOLDER holds 18 tapes, holds 15 recordable tapes. $25. (864) 771-4746

VHS MOVIES, children's, in cases, $1/ea. Exc. condition. 864-631-1391 or 864-923-6658

VHS MOVIES, large variety of action, comedy, etc., some unopened $2 ea. 864-268-7056

VHS TAPES, studio grade, new, 10 for $20 Call (864) 234-0027

VIDEO CAMERA Sony, handy cam, TRV 119 model, barely used, $85. (864) 908-5306.

VTECH V-SMILE, for babies, like new, (6) games, $25 (864) 908-7214

WASHER, extra large capacity, Maytag, exc. cond. $100 (864) 882-2053

Wii by Nintendo, new in box, $225. Call (864) 963-0971

Wii - Nintendo - new, unopened, w/1 remote, control & nunchuck. $300. 289-0663.

XBOX 360 with hard drive & wireless remote, barely used. $198. Call 864-305-1451.

4020 Antiques/Collectibles

ADDING MACHINE, antique, mechanical w/ crank, $100. Call (864) 895-0343.

A NEW ELEMENT FROM CONNECTICUT - Mid-century Art & Antiques. Schools, 19 Mohawk Dr. Greenville. 414-2891

ARMOIRE, Antique oak w/ drawers. Plain design. 5'x40"x23". $300. 834-4681.

BED double, solid cherry, antique, $200. (864) 420-8198

BEDROOM SET, complete, very old, solid wood, $400 (864) 246-1028

BEDROOM SET queen, dark wood, 2 lg. antique night stands, $400. (864) 834-4600

BEDSPREAD, yo-yo, very old, good condition, $150. Call (864) 297-4948

BENCH, wrought iron, heavy, white, $200. Can deliver. Call (864) 244-6244.

BLANKET King, wool, from Guatamala, brand Mayan Indian pic, $100. 864-901-7421

BOOKS, WWI & WWII & other history, approx. 50, $2/ea. and up, Call (864) 322-8701.

BRASS LAMP Marble, from 1930's, umbrella shade, $400, Call (864) 244-6244.

CHAIR channel back, cherry wood, mauve fabric, good cond. $45. (864) 220-8876

CHEST OF DRAWERS Art

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PET-EX055.0063

RECORD 005810

000063

R1 A1 M3 S1

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RACK 2

RACK 3

RACK 4

1st Letter Triple

RACK 5

FIVE RACK TOTAL TIME LIMIT: 25 MIN

from the letters in each row. Add right. Finally, 7-letter words get 50 ave no point value. All the words 4th Edition. SOLUTION TOMORROW

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RACK 2 = 61

RACK 3 = 32

RACK 4 = 60

TOTAL 217

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0008 Legal Notices

quest a copy of the solicitation, please fax a mailing address and contact information to (864) 355-1283 or telephone (864) 355-1279, reference solicitations # 228-PO-10-21.

4374871

Come Help Make Greer a More Resilient City

The City of Greer Mitigation Advisory Committee will be meeting to discuss issues relating to development of a Hazard Mitigation Plan. This effort will involve a comprehensive discussion of the City's critical infrastructure and vulnerability to natural and man-made hazards. Please come and help the City of Greer prepare for potential disaster events through comprehensive planning.

Where: Greer City Hall
301 East Poinsett Street
Conference Room B, 2nd Floor
When: October 9, 2008
at 5:00 PM.

Please direct questions to Chief Chris Harvey at (864)848-2165.

4373868

INVITATION TO BIDDERS ANDERSON REGIONAL JOINT WATER SYSTEM PHASE 1A TRANSMISSION IMPROVEMENTS

Sealed Bids for the Phase 1A Transmission Improvements project are invited by the Anderson Regional Joint Water System (ARJWS) located in Anderson, SC and will be received in the Board Room located at 998 Hunters Trail, Anderson, SC until 2:30 p.m. local time, on November 5, 2008, and immediately thereafter all Bids received will be publicly opened and read.

Bids shall be submitted on the blank forms provided in the bound copies of the Project Manual of the Contract Documents and shall be enclosed in a sealed envelope addressed to Ms. Jennifer Barrington, System Engineer, Anderson Regional Joint Water System, 998 Hunters Trail, Anderson, SC 29625. The name and address of the Bidder must be plainly written on the outside of the envelope and marked "BID FOR PHASE 1A TRANSMISSION MAIN IMPROVEMENTS." Bid security in the amount of 5 percent of the Bid must accompany each Bid in accordance with the "Instructions to Bidders." No Bidder may withdraw his Bid within 90 days after the date of Bid opening. A separate Performance Bond and Payment Bond, each in an amount equal to 100 percent of the Contract price, will be required.

Bidding Documents (Project Manual and Drawings) will be available for purchase and review at the offices of the Engineer, Camp Dresser & McKee Inc., 309 East Coffee Street, Greenville, SC 29601, (864) 527-0479. Neither the Owner nor the Engineer will be responsible for full or partial sets of Contract Documents, including any Addendum, obtained from any other source. A payment of $150.00 in cash or check made payable to Camp Dresser & McKee Inc. will be required for each set of Bidding Documents and Supplemental Package. This payment represents reproduction and handling costs and is non-refundable. Documents will be shipped by UPS or FedEx Ground Service upon receipt of payment. Overnight shipping services can be provided with receipt of the purchaser's UPS or FedEx account number. Bidding Documents will be available for review only at the offices of the Engineer in Greenville, SC; at the offices of the Owner, Anderson Regional Joint Water System; at the Associated General Contractors plan rooms in Greenville, SC; and at the F. W. Dodge offices in Greenville, SC.

A pre-bid meeting will be held on October 22, 2008, at

0008 Legal Notices

BP Barber Project No.: 08425

Separate sealed bids for Mass Grading Site Improvements Within Owings Industrial Park for Laurens County, South Carolina will be received by Laurens County, South Carolina in the Laurens County Church Street Office Complex Conference Room, 1 Catharine Street, Laurens, South Carolina 29360 until 2:00 P.M. on October 13, 2008 and then at said place be publicly opened and read aloud.

The work to be done consists of furnishing all materials, equipment and labor necessary to construct Mass Grading Site Improvements Within Owings Industrial Park for Laurens County, South Carolina, consisting of the following approximate quantities:

Earthwork
25 AC Clearing and Grading
248 LF Storm Drainage
1 EA Outlet Structure
25 AC Grassing

The Information for Bidders, Bid Form, Contract Plans, Specifications, Bid Bond, Performance Bond and Payment Bond, and other contract documents may be examined at the following locations:

Owner: Laurens County, South Carolina
AGC Offices: Columbia, SC, Greenville, SC, Charlotte, NC and Charleston, SC.
Dodge Plan Rooms: Columbia, SC, Charleston, SC, Charlotte, NC, and Atlanta, GA.
Engineers: BP Barber, Columbia, SC.

Copies of specifications and contract documents may be obtained from the office of BP Barber, PO Box 1116, Columbia, SC 29202-1116 upon a non refundable payment of $150.00. When requesting drawings, specifications or contract documents, provide the following information about your company: Mailing address; street (UPS) address; telephone number; and FAX number (if applicable).

Bidders must deposit security with all bids. Security shall be in the form of a certified check or bid bond made payable to the Owner, and shall be for an amount equal to not less than five percent (5%) of the amount of the bid. Provisions of the security shall be as described in the Information for Bidders.

No bid will be considered unless the bidder is legally qualified under the provisions of the South Carolina Contractor's Licensing Law (South Carolina Code of Laws as amended on April 19, 1999, Chapter 11, Sections 40-11-10 through 40-11-420). Contractors shall have a classification of GO4 and AP4.

No bidder may withdraw the bid within sixty (60) days after the actual date of the opening and thereof.

The Owner reserves the right to waive any informalities or to reject any or all bids.

ENGINEERS/ BP Barber PO Box 1116Columbia, SC 29202-1116

OWNER: Laurens County, South Carolina 3 Catherine Street Laurens, South Carolina 29360

4377139

Pickens County INVITATION TO BID

Pickens County is accepting sealed bids from contractors to furnish materials and labor to install 1,256 feet of 8"in sewer line in Pickens County. This project will include trenching, bedding, engineering, traffic control, erosion control, possible rock excavation, repair of roads, remove and replace mail boxes, and project record documents. There will be a mandatory pre-bid meeting on October 15th at 2: 00 pm at the site. The site is located at the intersection of Hwy 93 and Amsterdam Rd. in Easley, SC 29640. Any contractor interested in submitting a bid may contact Pickens County Purchasing at 864-898-5921, or go to our website at www.co.pick

0008 Legal Notices

pared by the Engineer, J. L. Rogers and Calicott Engineers, Inc., P.O. Box 5655, Greenville, S.C. 29606. Work includes 435 L.F. of 6-inch DIP water line along Lukesville Road, reroutting of water services and abandonment of 6-inch water line along Duncan Highway, installation of 6-inch DIP water service for Timken Park, and repair of washout at sewer line off Bermuda Run.

OBTAINING CONTRACT DOCUMENTS: Specifications and other Contract Documents may be obtained upon request to the Engineer and upon the payment of $75.00 (non-refundable) per set. The deposit shall be in check form and shall be drawn payable to the Engineer. Complete sets of Specifications are available for inspection at the offices of the Owner, the Engineer, at the Associated General Contractors Plan Room in Greenville, S.C. and at the F.W. Dodge Plan Room in Greenville, S.C.

LICENSES: Each Bidder on work of $5,000 or more, and each mechanical subcontractor on subcontracts of $5,000 or more must be qualified under provisions of S.C. Contractor's Licensing Law, S.C. Code Section 40-11-10, ET SEQ., 1976, as currently amended. No Bid will be considered unless Contractor's License number is shown on the outside of the sealed Bid, as required by the Law.

OWNER'S RIGHTS RESERVED: City of Union, the Owner, reserves the right to reject any or all Bids and to waive any informality or technicality in any bid in the interest of the Owner.

BID VALID PERIOD: No bid may be withdrawn for a period of ninety (90) days after the scheduled time for receiving Bids.

City of Union, South Carolina, Utility Department, City Hall, Union, South Carolina. Harold E. Thompson, Mayor. Joe Nichols, Utility Director.

Public Notice

In accordance with the South Carolina Department of Health and Environmental Control, Regulation 61-15 (Certificate of Need for Health Facilities and Services), St. Francis Hospital, Inc One St. Francis Drive, Greenville, South Carolina, hereby notifies the public of its planned submission of a Certificate of Need application (CON) to develop a 52-bed satellite hospital at the site located at the intersection of Laurens Road and Innovation Way, Greenville, Greenville County, South Carolina 29607. The facility will be approximately 231,000 square feet with an estimated total project cost of approximately $152 million. Services will include medical/surgical, intensive care, MSI, as well as a full array of imaging, respiratory care, surgical services, lab, pharmacy, emergency and other related services. The CON application will be submitted within 20 days of this notice.

1. Announcements and Financial

1015 Cemetery

Graceland, White Haven, lot 354 section 12, graves 3 & 4 in front of Wishing Well $2400. Call (864) 787-8268

Grandview Gardens on 276, in Troy. Rest, 2 plots side by side $1800. (864) 834-8314

GVILLE MEM. GARDENS Garden of Time, 2 plots, $1200. 864-202-8271

Woodlawn Memorial Park, Gville plot, section G, Call (864) 242-9110

WOODLAWN priced to sell. Best location, Sect

1040

PANTHER (4) lower $78. ea.

LISTys. $100 (864) 348

1060

FOUND R Public area, Ca

1065

FOUND C w/collar, ford Rds.

FOUND D Darby/St Please Ca

Found, M black w/t Slatton St

LOST, 7 F Shepard chest Lab

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Empire Build Buy or Sell B www.empire

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RECORD 005811

0008 Legal Notices

Conference October 7, M-EDT. October P.M. EDT; for submis- inquiries. must be ything is be- instructions package. date in the ment Office, ; Taylors, ore October P.M. EDT. Solicitation may fax, or mation to , telephone ed reference 823, Particip ments.

OFFICE

District of nty (SDGCT responsible Provide and quisition out California, el Mesa, High shelf, Lane, 93460. Attendance Conference the website 2008, at 10:00 the October P.M. EDT is y submission Check inquiry submitted to

terest of: Taylor Rae Hill, DOB: 12/09/2004 Minors Under the Age of 18

TO: DEFENDANTS ABOVE NAMED

YOU ARE HEREBY SUMMONED and required to answer the Complaint for Termination of Parental Rights in and to the minor child in this action filed against you, the original of which has been filed in the Office of the Clerk of Court for Greenville County on July 18, 2008, a copy of which will be delivered to you upon your request, and to serve a copy of your Answer to said Complaint upon the undersigned Attorney for the Plaintiff, Kaye Davis, Greenville County Department of Social Services, Post Office Box 10587, Greenville, SC 29603 within thirty (30) days following the date of service upon you, exclusive of the date of service, and if you fail to answer said Complaint within the time stated, Plaintiff will apply for a Judgment by Default against you for the relief demanded in the Complaint.

Date: July 18, 2008

Kaye Davis
Attorney for Plaintiff
SC Department of Social Services
Post Office Box 10587

The Greenville News

greenvilleonline.com

Classified Advertising

Date: 10/6/2008

Name: POTEAT, SHEILA / BON SECOURS ST. FRANCIS
101 BLUE WATER TRAIL TAYLORS SC 29687

Ad No: 4374748 **Class:** 0008 Legal Notices (News) **Rate:** Legal Rates

Runs:

Friday, October 3, 2008	**Lines:** 33
Saturday, October 4, 2008	**Lines:** 33
Sunday, October 5, 2008	**Lines:** 33

AFFIDAVIT

I, Susan F. Mullinax, being the Legal Advertising Agent for ***The Greenville News***, do hereby testify that the attached legal ad was published on 33 lines as set forth above, in The Greenville News beginning on 10/3/2008 and ending on 10/5/2008

Susan F. Mullinax
Legal Advertising Agent

RECEIVED
OCT 13 20
HEALTH FACILITIES
SERVICES DEVELOP

Vanessa M. McElveen
Notary Public for the State of South Carolina
My Commission Expires December 1, 2008

Post Office Box 1688 * Greenville, SC 29602
Phone: 864.298.4100

GANNETT

305 South Main Street * Greenville, SC 29601
Toll Free: 1.800.800.5116

000064

PMC.2013.00005440

PET-EX055.0065

RECORD 005812

ATTACHMENT B

LETTER FROM THE ARCHITECT
EQUIPMENT LIST
EQUIPMENT QUOTES

000065

FreemanWhite

Consulting Planning Architecture Engineering Interiors **Healthcare** Senior Living

8845 Red Oak Blvd.
Charlotte, NC 28217-5593
704.523.2230
Fax 704.523.2235
www.freemanwhite.com

July 25, 2008

Ms Mary Hassett
Sr. Vice President Strategic Planning & Initiatives
St. Francis Healthcare
1 Saint Francis Drive
Greenville, SC 29601

Re: Bon Secours St. Francis
Millennium Campus
FWI Project # 8460101

Dear Ms Hassett:

As requested FreemanWhite has assisted in developing a conceptual cost estimate for the construction of a new 52-bed hospital at the Millennium Campus. We find the conceptual cost estimate to be reasonable and complete in accordance with the information developed. The following is a summary construction budget estimate for the referenced project. The project is expected to include approximately 230,500 gross square feet of new construction at the following construction cost:

Anticipated site improvement and construction cost -	$76,345,105
Anticipated parking deck construction cost -	$ 6,368,306
Construction Contingency -	$ 7,673,469
Total anticipated construction cost -	**$90,386,880**

The total anticipated construction cost includes an allowance for anticipated escalation for commencing construction by the third quarter of 2009.

The total anticipated construction cost shall be clarified and excluded as follows:

- Medical equipment, voice / data equipment, office equipment, and furniture are NOT included.
- Signage and artwork are NOT included.
- Consulting and professional fees and expenses are NOT included.
- Owner's project contingency is NOT included.

Please contact us if you have any questions.

Sincerely,
FreemanWhite, Inc.

Chris D Richardson

Chris D. Richardson, AIA
Managing Principal

000066

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FreemanWhite

Consulting Planning Architecture Engineering Interiors Healthcare Senior Living

8845 Red Oak Blvd.
Charlotte, NC 28217-5593
704.523.2230
Fax 704.523.2235
www.freemanwhite.com

July 25, 2008

Ms Mary Hassett
Sr. Vice President Strategic Planning & Initiatives
St. Francis Healthcare
1 Saint Francis Drive
Greenville, SC 29601

Re: Bon Secours St. Francis
Millennium Campus
FWI Project # 8460101

Dear Ms Hassett:

As requested FreemanWhite has assisted in developing a conceptual equipment list and anticipated equipment cost estimate for a new 52-bed hospital at the Millennium Campus. We find the anticipated equipment cost estimate to be reasonable and complete in accordance with the information developed. The following is an anticipated summary equipment and FFE budget for the referenced project. The project is expected to include approximately 230,500 gross square feet of new construction and the following equipment and FFE costs:

Anticipated medical equipment cost –	$16,650,000
Anticipated information systems/low voltage cost –	$ 8,824,490
Anticipated furniture and furnishings (FFE) cost –	$ 3,836,735
Total anticipated –	**$29,311,225**

The total anticipated cost includes an allowance for anticipated escalation for commencing construction by the third quarter of 2009. We are attaching a suggested list of medical equipment for the facility for your reference.

Please contact us if you have any questions.

Sincerely,
FreemanWhite, Inc.

Chris D. Richardson, AIA
Managing Principal

Enclosure: List of medical equipment dated 7/31/08

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C:\myfiles\BSSF MP_CON\8460101\RptCON Documents\07 31 08_CON FFE LTR.doc

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RECORD 005815

Bon Secours St. Francis Healthcare
Millennium Campus

Phase I Medical Equipment Summary (Per Dept.)

Total Phase I - Medical Equipment	**$**	**16,650,000**	**excludes Cardiology MOB** *(see separate budget)* **includes 5% escalation - leased items**

Phase I IT/Low Voltage Summary

Total Phase I - IT / Low Voltage	**$**	**8,824,490**
Furniture / Furnishings Estimate	$	3,836,735
Total Budget	$	29,311,225

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PMC.2013.00005444

PET-EX055.0069