



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

June 19, 2014

Brian D. Moore
509 Biltmore Avenue
Asheville, NC 28801

Exempt from Review

Facility: Mission Hospital, Inc.
Project Description: Renovate and consolidate services and expand the central energy plant
County: Buncombe
FID #: 943349

Dear Mr. Moore:

In response to your letters of February 19, 2014, and June 2, 2014, the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Construction and Acute and Home Care Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie Halatek
Project Analyst

Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR
Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer





June 2, 2014

Via E-Mail

Julie Halatek, Project Analyst
Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health
and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704



Re: **Information Request Related to Notice of Exemption Pursuant to G.S. 131E-184(g)**
Facility: Mission Hospital
Project Description: Renovate and consolidate services and expand the central energy plant
FID #: 943349
County: Buncombe

Dear Ms. Halatek:

We have received your letter dated May 9, 2014 requesting additional information related to Mission Hospital's notice of exemption for its project to renovate and consolidate services as well as expand its central energy plant on its main campus. I am writing to re-confirm the assurances you have requested:

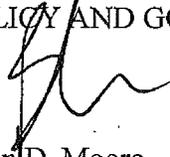
1. The project will not result in the offering of health services that are not currently provided. Mission Hospital plans to provide in the renovated space the same range of services that it is currently providing, and the project does not involve the development or offering of any new health services.
2. The project does not involve the acquisition of additional units of major medical equipment. Existing units of major medical equipment may be moved, but we are not planning with this project to add any units of major medical equipment. If we identify through further planning that replacement equipment is needed, we would send a separate notice regarding any replacement equipment.
3. This project will not result in an increase in the number of beds, operating rooms, or gastrointestinal endoscopy rooms. We are renovating and relocating space for beds, operating rooms, and gastrointestinal endoscopy rooms, but we are not adding any new beds, operating rooms, or gastrointestinal endoscopy rooms.

4. This project does not involve an increase the number of ICU beds.

Please let us know if you need any additional information. We look forward to receiving as soon as possible the CON Section's response to our February 19, 2014 exemption notice as supplemented by this letter.

Sincerely,

BRIAN D. MOORE, DIRECTOR, PUBLIC
POLICY AND GOVERNMENTAL RELATIONS

A handwritten signature in black ink, appearing to read 'Brian D. Moore', written over the typed name.

Brian D. Moore



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

May 9, 2014

Brian Moore
509 Biltmore Avenue
Asheville, NC 28801

Information Request for Exemption Pursuant to G.S. 131E-184(g)

Facility: Mission Hospital
Project Description: Renovate and consolidate services and expand the central energy plant
County: Buncombe
FID #: 943349

Dear Mr. Moore:

The Certificate of Need Section (CON Section) has received your letter dated February 19, 2014, regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide assurances that the project will not result in:

1. The offering of health services not currently provided;
2. The acquisition of additional units of major medical equipment;
3. An increase in the number of any type of beds, operating rooms, and gastrointestinal endoscopy rooms; or
4. An increase in the number of ICU beds.

We are requesting this information because the precise scope (i.e., detailed description) of the expansion, consolidation, and renovation project is not provided in your February 19, 2014 letter.

Please note that the addition of new services, beds, operating rooms, gastrointestinal endoscopy rooms, or major medical equipment during development of the project or for one year after the entire project is complete could be considered a change in scope.



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

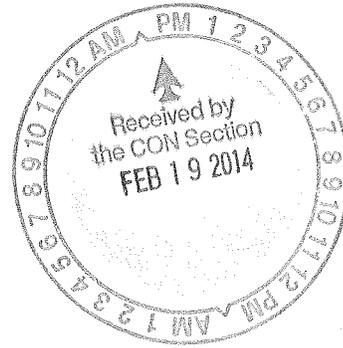
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



February 19, 2014

Martha Frisone, Interim Chief
Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704



Re: Renovation, redesign and consolidation of services and expansion of the central energy plant on the Mission Hospital, Inc. main campus

Dear Ms. Frisone:

This letter provides prior written notice of Mission's intention to pursue a major renovation and expansion project on its main campus under the exemption provisions in N.C. Gen. Stat. § 131E-184(g). The sole purpose of Mission's project is to renovate, replace on the same site and expand its existing health service facility that is located on the main campus. The project does not include any change in bed capacity, the addition of a health service facility or any other new institutional health service other than a capital expenditure in excess of two million dollars. If, in the future, Mission should consider any new institutional health service, it will do so as a separate project and pursue appropriate approvals from the Certificate of Need Section.

The reason for this major renovation and expansion is that sections of the St. Joseph building are approximately 30-50 years old and not configured in accordance with current clinical inpatient norms. The age and structure of the St. Joseph building are such that it would not be as effective from a cost or design standpoint to attempt to renovate the existing structure. Furthermore, there is currently duplication in the Memorial and St. Joseph buildings of certain services, such as lab, imaging and space for surgeries and procedural interventions. This separation and duplication detracts from effective patient flow, efficient operations and patient satisfaction. Mission currently physically moves about 11,000 patients per year between the two major buildings on its main campus, which is costly, raises the need to safeguard against potential safety considerations and is not as comfortable for the patient as being able to move within the same or joined structures on the same side of the campus.

Many clinical spaces are not well suited to today's current health care equipment and treatment modalities. Numerous patient rooms are small and not configured in accordance with current thinking on appropriate patient room space for delivery of patient care. It is also difficult to make ongoing technological improvements in the St. Joseph building due to the need for certain ceiling clearances, floor supports and space size to accommodate new technology. Due to the mountainous topography and the space constrained campus, it is necessary to reconfigure and more efficiently and effectively utilize existing land on the main campus to enhance clinical services, efficiency of operations and patient satisfaction.

The following table outlines the details of this request along with the associated reference. Pertinent supporting documentation is attached.

	Proposal	Criteria/Law	Supporting Documentation
1.	Consolidate inpatient health care services on the Memorial building side of the main campus and repurpose buildings on the St. Joseph side of the main campus for outpatient or non-health care purposes.	<ol style="list-style-type: none"> 1. Renovate licensed health facility on main campus. G.S. 131E-184(g) 2. Renovate non-health care space on main campus. G.S. 131E-184 (g) 	<ol style="list-style-type: none"> 1. Names, role descriptions of administrative and financial leadership, and floor plan with office locations. (<i>attachments 1 & 2</i>) 2. Letter from Certificate of Need Section verifying single campus. (<i>attachment 3</i>)
2.	Develop approximately 600,000 to 700,000 square feet of new space, expanding the Memorial building on the main campus.	Expand existing health service on main campus. G.S. 131E-184(g)	N/A. Not a new institutional health service.
3.	Reconfigure existing space.	<ol style="list-style-type: none"> 1. Renovate on the same main campus. G.S. 131E-184(g) 2. Capital expenditure does not result in the addition of new institutional health services. G.S. 131E-176(16) and 184(g) 	<ol style="list-style-type: none"> 1. Site plan (<i>attachment 4</i>) 2. N/A. Not a new institutional health service.
4.	Renovate space in the Mission and St. Joseph buildings vacated by reconfiguration of services on the main campus.	<ol style="list-style-type: none"> 1. Renovate on the same site within the meaning of G.S. 131E-184(g) 2. Capital expenditure does not result in the addition of new institutional health services within the meaning of G.S. 131E-184(g) 	N/A. Not a new institutional health service.
5.	Expand the central energy plant to support the new building area.	Exempt under G.S. 131E-184(a)(4) and 184(g).	N/A. Not a new institutional health service.
6.	Demolish existing parking deck and two administrative buildings to allow space for construction of new square feet.	Exempt under G.S. 131E-184(a)(4) and 184(g)	N/A. Not a new institutional health service.
7.	Will have no more than 733 licensed acute care beds	Does not result in a change of bed capacity within the	1. License renewal application. (<i>attachment 5</i>)

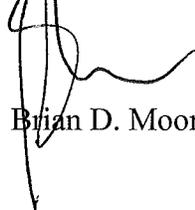
	before and after completion of this project as shown on the current license.	meaning of G.S. 131E-176 (5) and 176(16)(c)	2. CON #B-8637-11 <i>(attachment 6)</i>
8.	Mission Hospital will have no more than 47 operating rooms before and after completion of this project as shown on the current license.	Does not result in the addition of a new institutional health service within the meaning of G.S. 131E-176(16)(u) and (v)	License renewal application. <i>(attachment 5)</i>
9.	Mission Hospital will have no more than 6 endoscopy procedure rooms before and after this project as shown on the current license.	Does not result in the addition of a new institutional health service within the meaning of G.S. 131E-176(16)(u) and (v)	License renewal application. <i>(attachment 5)</i>
10.	Provide prior written notice.	This letter serves as prior written notice under G.S. 131E-184(a) and (g)	

If Mission identifies the need to replace any existing major medical equipment, it will submit in the future separate notices to address why such replacement equipment is exempt. This proposal and notice includes any replacement needed of equipment that either is not major medical equipment under the CON law or is non-health care equipment.

Based on the information in this letter and the attached documentation, we look forward to receiving your letter confirming that Mission Hospital's renovation project is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). Please let us know if you have any questions or need additional information. We look forward to hearing from you in the near future.

Sincerely,

BRIAN D. MOORE, DIRECTOR, PUBLIC
POLICY AND GOVERNMENT RELATIONS



Brian D. Moore

Enclosures
cc: Toby Kay



ROLE DESCRIPTION

Job Title:	Chief Operating Officer, Mission Health; President, Mission Hospital/MMA
Job Code:	007861
Department:	Administration
Reports to:	CEO and President, Mission Health
Supervises:	Regional Presidents, VP MMA, COO Mission Hospital, VP Ambulatory Development, VP Ambulatory Integration and Development, Clinical Vice Presidents, Executive Assistant
FLSA Status:	Exempt
Updated:	February 1, 2014

Role Summary: This senior executive system-level position is responsible for the smooth and efficient operation of Mission Health, including providing and exercising financial and administrative oversight/control over clinical patient services throughout the system. Responsible for developing and implementing strategic long and short-range plans for Mission Health, including Mission Hospital and MMA, in conjunction with the CEO/President of Mission Health and other key senior executives and providers as appropriate. Responsible for regional network of care strategy/implementation to maximize patient experience and provider satisfaction, while also achieving superior financial and operating effectiveness. Represents Mission Health to external constituents, including legislative and political affairs. Cultivates relationships throughout the system and region.

Essential Accountabilities:

1. Formulate and implement vision and short and long-term strategic plans.

Performance Criteria:

1. Communicate strategic plan and objectives to leaders throughout the organization.
2. Provide board and organizational stakeholders with information on any barriers or significant issues that impact overall strategy.
3. Provide advanced information on significant issues that may arise, particularly those with potential for public disclosure.
4. Provide leadership for major initiatives as outlined in strategic plan.

2. Ensure financial viability of the organization by providing oversight for all operational, budget, and financial processes and systems.

Performance Criteria:

1. Provide timely, relevant, and accurate financial information to board and to various stakeholders throughout the organization.
2. Implements internal controls and monitors process for budget, both on an annual and ongoing basis.
3. Determines and prioritizes allocations of human, space, fiscal, and material resources for Mission Health to ensure long term viability.

3. Develop and foster collaboration between departments, member organizations, medical staff leaders, and other service leaders to ensure an integrated approach to services.

Performance Criteria:

1. Fosters harmonious relationships with Medical Staff by providing personal contact and participation in Medical Staff activities as appropriate.
 2. Develops structure and leadership team to ensure visionary leadership throughout organization.
 3. Create systems that promote quality health services.
4. Represent the organization to external and internal stakeholders.

Performance Criteria:

1. Develops appropriate communication both internally and externally.
 2. Represents organization to physicians, public, caregivers, volunteers, patients, and government agencies.
 3. Maintains regular communication with Boards, physicians,, caregivers, and the community to cultivate relations which advance Mission's strategic direction.
5. Lead the development and implementation of the required infrastructure to enhance access and improve operations across Mission Health to continually improve quality, safety, patient satisfaction and efficiency/cost control.
6. Provide operational oversight and leadership regarding program development, clinical quality, compliance, outreach strategies, patient experience, work culture enhancement, internal communications, and consensus-building.

MERIT Standards of Performance

A. Workplace Expectations

1. Professional Appearance: Our appearance represents Mission Health. Therefore, our grooming and dress will reflect our respect for our customers. While on duty, we will first consider our customers' expectations in how we present ourselves. Our manner and expression will convey our concern for and willingness to serve our customers.
2. Safety Awareness: Safety must be the responsibility of all Mission employees to ensure an accident-free environment. Accidents are the result of actions and attitudes that you can help to change.
3. Corporate Compliance: Integrity is doing the right thing by being honest in our dealings with one another, our patients and our business contacts. Integrity is doing the right thing by maintaining the security and confidentiality of patient information.

B. Behavioral Standards

1. Etiquette in the Workplace: Workplace etiquette can create a favorable impression on our patients, visitors, and co-workers. Good manners contribute to patient satisfaction.
2. Communication: The goal of communication is understanding. We must be committed to listening attentively to our customers in order to fully understand their needs. Close attention should be given to both verbal and non-verbal messages. Our messages to customers should be delivered with courtesy, respect, clarity, and care. We must avoid confusing our customers and speak in terms they can easily understand.
3. Customer Relations: At Mission we believe that we are here to serve our customers – our customers are patients, family, co-workers, physicians, and vendors. Our customer's most basic expectation is to be treated with courtesy and respect. We are committed to providing the highest quality of service and meeting customers' needs with utmost care and courtesy.
4. Working Relationships: As Mission employees, we are linked to one another by a common purpose: serving our patients and our community. Our co-workers, therefore, are our teammates. They deserve our respect. Without their contributions, none of us

could perform our jobs. Just as we rely on our fellow employees, they rely upon us. Each of us has obligations to our co-workers.

5. Sense of Ownership: Every Mission employee should feel a sense of ownership toward his or her job. By this we mean taking pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves. Take pride in this organization as if you owned it.

Skills, Knowledge, Abilities:

- Required Education:** Master's Degree in Hospital Administration, Public Health, or Business Administration or an equivalent combination of education and experience is necessary.
- Preferred Education:** None
- Required License:** None
- Preferred License:** None
- Required Experience:** Minimum of twelve years of demonstrated, progressively responsible hospital management experience required.
- Preferred Experience:** Experience with similarly-sized Health System is desirable.
- Working Conditions:** Attached
- OSHA Category:** Potential for exposure to blood or body fluids.
No potential for exposure to blood or body fluids.
- Patient Care Group:**

By signing this document, the staff member agrees to access the minimum amount of protected health information needed in order to perform the job duties described in the role description above.

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as a complete list of all responsibilities, duties, and skills required of staff classified in this role.

Employee:	Date:
Supervisor:	Date:



ROLE DESCRIPTION

Job Title:	VP & CFO for Mission Hospital, Mission Medical Associates and Practice Service Agreements
Job Code:	3201
Department:	Administration
Reports to:	Senior VP of Finance and Chief Financial Officer
Supervises:	Finance, Financial Planning, Treasury, Reimbursement, Business Services, Managed Care Contracting
FLSA Status:	Exempt
Updated:	February 2012

Role Summary: Provides financial leadership for Mission Hospital, Mission Medical Associates and Practice Service Agreements, of Mission Health System; and establishes and implements financial policies, plans and goals in support of Mission's strategic directions with regard to future member relationships and regional planning. Works with the Mission planning staff and Senior Leadership to ensure that the strategic, operational, and financial plans are integrated and consistent. Provides assistance to the Senior Vice-President of Finance and Chief Financial Officer on all financial matters, related to Mission Health System members and strategic financial planning. Frequent interaction with Board members, senior leadership, department directors, staff, civic and business leaders, regional hospital representatives and government agencies.

Essential Accountabilities:

1. Enhances and supports regional planning by developing financial strategies that contribute to the growth and financial soundness of Mission Health System.

Performance Criteria:

1. Demonstrates the ability to understand whole systems and how elements within systems relate, with skill to work cooperatively with others to use appropriate systems strengths, knowledge and cooperation to improve financial performance.
 2. Directs member financial operations and internal controls including, but not limited to, the following scope of responsibilities: cash flow reporting and forecasting, supply chain operations, corporate financial audit, current and historical financial/operational statistics, inventory management, fixed asset management and accounts payable/payroll.
 3. Recruits and builds a solid finance team to complete the functionality of the team efficiently and harmoniously.
 4. Attracts outstanding personnel and achieves results through the development of business skills for managers and directors. Provides continuous feedback and coaching to employees. Ensures all direct reports have development plans that increase their effectiveness and/or prepare them for future opportunities.
2. Provides oversight for member capital budgeting/requisitioning and spending policies and procedures. Identifies need and appropriate strategies for accessing the debt market and securing necessary capital resources.

Performance Criteria:

1. Leads annual operating budget development for members including establishing and enforcing deadlines. Performs ongoing budget monitoring and reporting to ensure operational expenditures are within budgetary guidelines.

2. Collaborates with members of the Senior Leadership team to development and implement regional financial procedures and plans. Functions at an advanced level in areas including integrated strategic and financial planning, capital allocation, and mergers and acquisitions.
 3. Ensures compliance by members with all regulatory and administrative guidelines.
 4. Ensures that Mission members' leadership receive timely and accurate financial information, reports and analyses.
3. Possesses excellent written, oral and electronic communication skills along with strong analytic skills to meet challenging financial goals. Proven information technology skills and extensive experience with a broad array of data management strategies.

Performance Criteria:

1. Pursues a program of professional development to strengthen skills necessary to perform the duties and responsibilities of the position.
4. Ensures financial managers maintain department effectiveness.

Performance Criteria:

1. Oversees selection, orientation and training effectiveness.

MERIT Standards of Performance

A. Workplace Expectations

1. **Professional Appearance:** Our appearance represents Mission Hospitals, Inc. Therefore, our grooming and dress will reflect our respect for our customers. While on duty, we will first consider our customers' expectations in how we present ourselves. Our manner and expression will convey our concern for and willingness to serve our customers.
2. **Safety Awareness:** Safety must be the responsibility of all Mission employees to ensure an accident-free environment. Accidents are the result of actions and attitudes that you can help to change.
3. **Corporate Compliance:** Integrity is doing the right thing by being honest in our dealings with one another, our patients and our business contacts. Integrity is doing the right thing by maintaining the security and confidentiality of patient information.

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4. **Working Relationships:** As Mission employees, we are linked to one another by a common purpose: serving our patients and our community. Our co-workers, therefore, are our teammates. They deserve our respect. Without their contributions, none of us could perform our jobs. Just as we rely on our fellow employees, they rely upon us. Each of us has obligations to our co-workers.
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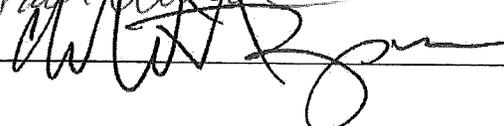
outcomes of our efforts, and recognizing our work as a reflection of ourselves. Take pride in this organization as if you owned it.

Skills, Knowledge, Abilities:

- Required Education:** Bachelor's Degree in Business or Health Administration or equivalent combination of education and experience.
- Preferred Education:** Master's Degree in Business or Health Care Administration
- Required License:** None
- Preferred License:** Certified Public Accountant (CPA)
- Required Experience:** Minimum of seven years of demonstrated, progressively responsible financial and management experience is necessary with a preference for previous strategic financial planning experience.
- Preferred Experience:** Experience in leading successful large scale financial transformation initiatives.
- Knowledge/Skills:** Demonstrated considerable knowledge of the laws and accreditation standards applicable to hospitals is preferred. Strong teamwork, interpersonal relations, communication, negotiation, and analytical skills are required. Advocate of team concepts, and a leader who initiates and manages change to solve problems. Ability to get along with diverse personalities and handle multifaceted projects in conjunction with day-to-day activities. Must be tactful, mature, flexible and possess good reasoning abilities.
- Working Conditions:** Must deal with organizational, physician, patient, family, personnel and public demands. Must handle constant pressure to meet deadlines and control budget/human resource management issues. Sustained concentration and ability to effectively change priorities towards a balanced result is necessary. Very busy environment with interruptions and changes in priorities. Requires sitting, bending, computer usage and normal vision and speech. Occasional travel required. Responsibilities throughout the organization require presence in any area of the hospitals, ambulatory settings, and related entities with their accompanying exposure.
- OSHA Category:** No potential for exposure to blood or body fluids.
- Patient Care Group:** None

By signing this document, the staff member agrees to access the minimum amount of protected health information needed in order to perform the job duties described in the role description above.

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as a complete list of all responsibilities, duties, and skills required of staff classified in this role.

Employee: 	Date: 2/3/14
Supervisor: 	Date: 2/3/14



September 11, 2009

Lee B. Hoffman, Chief
Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health
and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

RE: Mission Hospital Letter of Non Review: Relocation of an OR from the St. Joseph's building to a current GYN procedure room in the Memorial building

Dear Ms. Hoffman:

Mission Hospital ("Mission") submits this letter as prior written notice that it plans to relocate an OR currently located in the St. Joseph's building to a current GYN procedure room in the Memorial building. The Memorial building and the St. Joseph's building are located on the same campus as defined within the meaning of N.C.G.S. 131E-176 (2c) "adjacent grounds and buildings not separated by more than one public right-of-way" and therefore not subject to CON review. In an email correspondence Lee Hoffman noted, "Because St. Joseph and Mission are a single licensed hospital that are located on a single campus (i.e. grounds that are adjacent and not separated by more than one public right of way) operating rooms may be moved between buildings on this campus that are licensed as part of Mission Hospital without a CON if the cost of the project is less than \$2 million."

Construction for this project is due to begin October, 2009 and will be completed November 30, 2009. Upon completion of this project, the space once occupied by OR 5 in the St. Joseph's building will be used to expand the existing sterile core. Expansion of the sterile core will provide a more centrally located area for all sterile supplies. Currently, surgical supplies in the St. Joseph's building are located in two separate areas and need to be combined. In addition, relocating an OR from the St. Joseph's building to the Memorial building will result in improved efficiencies associated with redundant staffing and costs within Mission's surgical services. Having an additional OR in the Women's services department will provide space where emergent and urgent surgeries for pregnant patients, elective C-Sections and elective GYN cases can be performed all in one area. This will also provide a more family oriented area for delivering mothers and their personal support. Having an additional OR room in Women's Services will allow GYN/OB cases to be performed closer to Labor and Delivery keeping surgeons within close proximity to other laboring patients. In addition, supplies are currently located in three different areas in the Memorial building to accommodate Women's surgical services which are, at times, performed on a separate floor. If Women's surgical services are in the same area staffing will be more consistent thus saving on excesses of staffing three different areas. See attached floor plans of the current location of OR 5 in the St. Joseph's building along with the floor plan of the new OR location in Women's Services at the Memorial building. The

procedure room in the Memorial building will not be relocated. The procedure room will be upgraded to an OR once OR 5 has been relocated.

Relocating the OR from St. Joseph's building to the Memorial building will not increase the total number of licensed OR's at Mission Hospital. The proposed changes would not involve the acquisition of any major medical equipment or equipment otherwise covered under the CON Act. Please see the table on the next page for a breakout of the original and proposed OR's in the St. Joseph's and Memorial buildings.

Pre New OBGYN 3rd OR and Decommissioning of SJOR 5

Type of Operating Room	Memorial Hospital	St. Joseph's Hospital	Asheville Surgery Center	Total
Dedicated Open Heart Surgery	6	0	0	6
Other Dedicated Inpatient Surgery*	15	2	0	17
Dedicated Ambulatory Surgery	0	4	9	13
Shared-Inpatient/Ambulatory Surgery	2	9	0	11
Total Operating Rooms	23	15	9	47

Post New OBGYN 3rd OR and Decommissioning of SJOR 5

Type of Operating Room	Memorial Hospital	St. Joseph's Hospital	Asheville Surgery Center	Total
Dedicated Open Heart Surgery	6	0	0	6
Other Dedicated Inpatient Surgery*	15	2	0	17
Dedicated Ambulatory Surgery	0	4	9	13
Shared-Inpatient/Ambulatory Surgery	3	8	0	11
Total Operating Rooms	24	14	9	47

Mission seeks confirmation that the replacement of the GYN procedure room does not constitute a new institutional health service subject to CON review within the meaning of NCGS 131E-176 (16)(b). The North Carolina law defining those services which require a CON contains no provisions applicable to the proposed project. The definition of "new institutional health services" requiring a CON which potentially could apply to the proposed project is "The obligation by any person of a capital expenditure exceeding two million dollars (\$2,000,000) to develop or expand a health service or a health service facility. This project will cost \$332,000 to complete including construction, equipment, and contingency. These costs are only for the upgrade of the procedure room to an OR. The procedure room located in the Memorial building will not be relocated. There will be no additional costs associated with expansion of the sterile core in the St. Joseph's building. The OR is located currently located in the same area as the sterile core. See the attached drawings of the current location of OR 5 in the St. Joseph's building. A projected capital cost verification form signed by the architect, Steven Bowers of Bowers, Ellis and Watson Architects, PA, is attached.

We look forward to receiving your letter confirming that Mission's relocation of an existing OR from the St. Joseph's building to the Memorial Building on the same campus. All components are exempt from certificate of need review pursuant to N.C. Gen. Stat. § NCGS 131E-176 (16)(b). Please contact me at (828) 213-3509 if there is any additional information I can provide to facilitate your review of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Moore", written over the word "Sincerely,".

Brian Moore
Director of Strategic Planning



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

www.ncdhhs.gov/dhsr

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

September 30, 2009

Brian Moore
Director of Strategic Planning
Mission Hospitals
509 Biltmore Avenue
Asheville, NC
28801

RE: No Review/ Mission Hospitals/ Relocation of one OR from the St. Joseph Building to a Procedure Room in the Memorial Building/ Buncombe County
FID #943349

Dear Mr. Moore:

The Certificate of Need (CON) Section received your letter of September 11, 2009 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

In addition, you should contact the Construction Section, DHSR to determine if they have any requirements for development of the proposed project. Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

Sincerely,

Paula Quirin,
Project Analyst

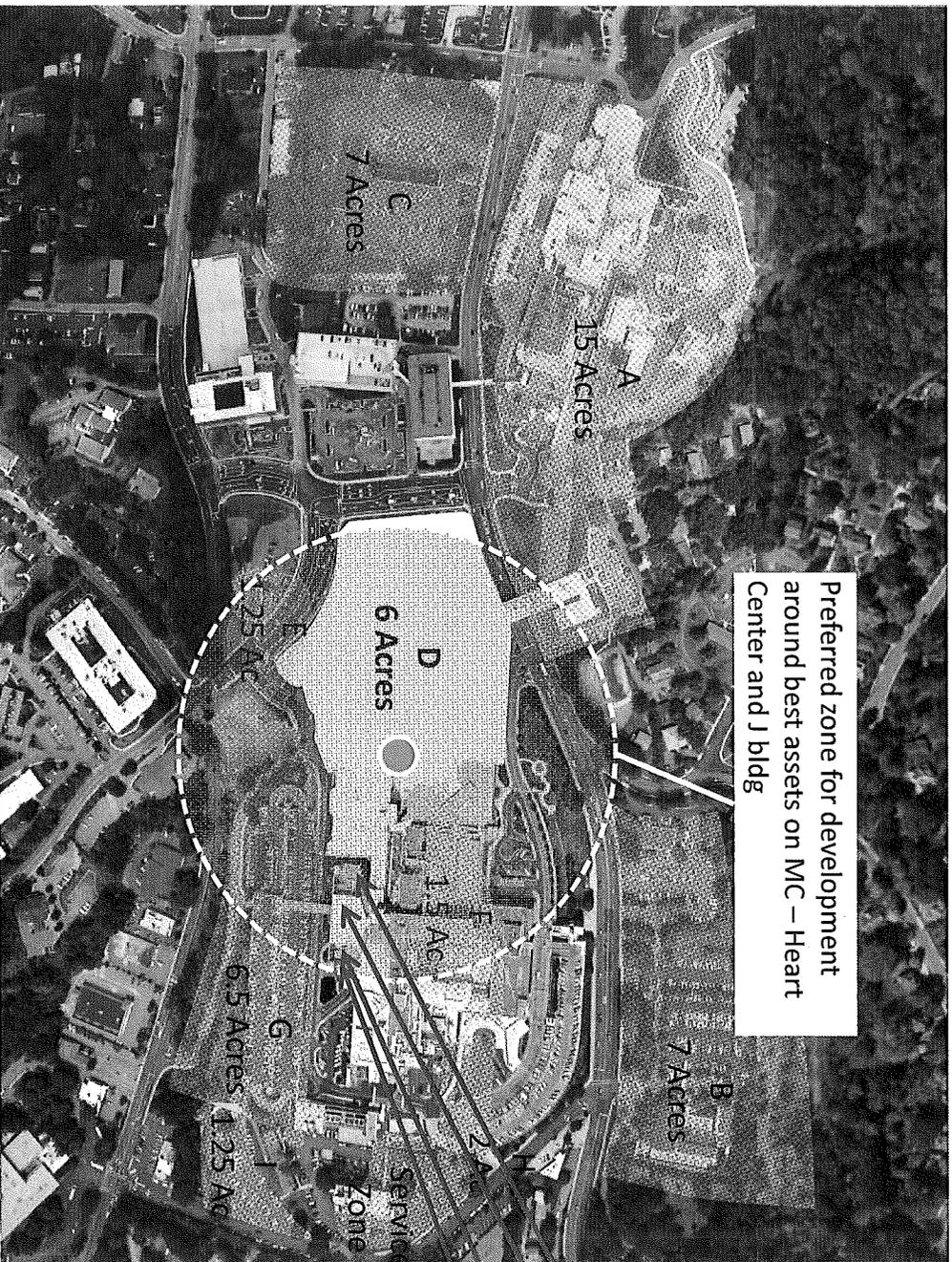
Lee B. Hoffman, Chief
Certificate of Need Section

cc: Construction Section, DHSR



Preferred Site

- Site D identified as the preferred site for future expansions
- This finding is consistent with findings from previous studies



Preferred zone for development
around best assets on MC – Heart
Center and J bldg

- Office locations
- Mission Hospital
- CEO
- COO
- CFO
- CNO

* * * Communication Result Report (Dec. 12. 2013 3:51PM) * * *

1)
2)

Date/Time: Dec. 12. 2013 3:50PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6077 Memory TX	919197153073---49277	P. 3	OK	

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection

I inadvertently added 15 beds to pediatric intensive care instead of under pediatrics - other units.

The corrected pages are attached to this fax.

If you have any questions please call me at 828-213-3505 or email Karen.robys@msf.org.

Thank you, Karen

Mission Hospital
 428 Biltmore Ave
 Asheville, NC 28801

Fax: (919) 415-3073

I inadvertently added 15 beds to pediatric intensive care instead of under pediatrics – *other units*.

The corrected pages are attached to this fax.

If you have any questions please call me at 828-213-3506 or email Karen.robby3@msj.org.

Thank you, Karen

Mission Hospital
428 Biltmore Ave
Asheville, NC 28801

Fax: (919) 715-3073



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

MEMORANDUM

TO: **Mission Hospital and Asheville Surgery Center -- Asheville**
FROM: Azzie Y. Conley, RN, Section Chief
SUBJECT: **2014 Hospital License Renewal Application**

PLEASE READ CAREFULLY

Enclosed is your 2014 License Renewal Application. Please complete this application and return the **original** (plus ONE COPY) **no later than December 1, 2013** to the address below.

Acute and Home Care
Licensure and Certification Section *or Overnight mail address*
2712 Mail Service Center
Raleigh, N C 27699-2712

Acute and Home Care
Licensure and Certification Section
1205 Umstead Drive
Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a **Hospital** with ~~744~~ **763** beds. Your annual licensure fee, as authorized by G.S. 131E-77, is ~~\$13,970.00~~ **\$14,302.50**. This amount is comprised of a base fee of **\$950.00** plus an additional per bed fee of **\$17.50**.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHHS." Payment should include the facility's license number and be submitted with your license renewal application. A **separate** check is required for each licensed entity.

Your completed renewal application **and** the **annual licensure fee** must be received by December 1, 2013 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

A portion of this application (pp. 1-2) contains **preprinted** information from our data systems, based on your last hospital license renewal application or the most recent information that has been reported to this office. If any of this preprinted information has changed, **mark through the incorrect information with a RED pen and write in the correct information.** Prior to amending the D/B/A or legal entity, please contact this office for further instructions. Please review the "**ownership disclosure**" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the **annual licensure fee**. **PLEASE, DO NOT RETYPE THE APPLICATION**, and be sure to retain a second copy of the application for your records. If you have any questions about the **preprinted** information, please feel free to call our staff at (919) 855-4620.

--- continued



Acute and Home Care Licensure and Certification Section

<http://www.ncdhhs.gov/dhsr/>

Phone: (919) 855-4620 ■ Fax: (919) 715-3073

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

Location: 1205 Umstead Drive (Lineberger Building) ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603

An Equal Opportunity / Affirmative Action Employer



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 # H0036 Medicare # 340002
Computer: 943349
PC _____ Date _____

License Fee: \$13,970.00

**2014
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Mission Hospital, 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: Mission Hospital and Asheville Surgery Center

Other: Copestone Psychiatric Center

Other: _____

Facility Mailing Address: 509 Biltmore Ave
Asheville, NC 28801

Facility Site Address: 509 Biltmore Ave and 428 Biltmore Avenue
Asheville, NC 28801

County: Buncombe
Telephone: (828)213-1111
Fax: (828)213-1151

Administrator/Director: ~~Joseph F. Damore~~ Ronald A. Paulus, MD

Title: President and CEO

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

Chief Executive Officer: Ronald A. Paulus, MD Title: CEO Mission Health

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

system

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

Name: Brian D. Moore, Director, Public Policy + Regulatory Telephone: 828-213-3509

E-Mail: Brian.Moore@msj.org

Primary National Provider Identifier (NPI) registered at NPPES 1881626075

If facility has more than one "Primary" NPI, please provide 1225060429, 1386826303,

1740417310

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

All responses should pertain to October 1, 2012 through September 30, 2013.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
Memorial Building	509 Biltmore Ave., Asheville, NC	Acute Care
St. Joseph's Building	428 Biltmore Ave., Asheville, NC	Acute Care
Copystone Psychiatric Program	428 Biltmore Ave., Asheville, NC	Psychiatry
Asheville Surgery Center	2 Medical Park Dr., Asheville, NC	Outpatient Surgery

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: Mission Hospital Inc
 Street/Box: 509 Biltmore Ave
 City: Asheville State: NC Zip: 28801
 Telephone: (828)213-1111 Fax: (828)213-1151
 CEO: ~~Joseph E. Damore, President/CEO~~ **Ronald A. Paulus, MD**

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*: Mission Health System

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

If 'Yes', name of CEO: Ronald A. Paulus, MD

- a. Legal entity is: For Profit Not For Profit
- b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit

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

If "YES", name of building owner: _____

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

If 'Yes', name and address of the management company.

Name: _____
 Street/Box: _____
 City: _____ State: _____ Zip: _____
 Telephone: () _____

Property Name	St#	Street Name	City Code	State Code	Zip Code
Angel Medical Center	120	Riverview Street	Franklin	NC	28734
Blue Ridge Regional Hospital	222	Hospital Drive	Spruce Pine	NC	28777
The McDowell Hospital	430	Rankin Drive	Marion	NC	28752
Transylvania Regional Hospital	260	Hospital Drive	Brevard	NC	28712
Asheville Specialty Hospital	428	Biltmore Ave	Asheville	NC	28801
Express Lab until 9/30/13 & Genetics Lab	261	Asheland Ave	ASHEVILLE	NC	28801
Asheville Imaging Center	534	Biltmore Ave	ASHEVILLE	NC	28801
691 Blythe Street Court	691	Blythe Street Court	HENDERSONVILLE	NC	28739
MMA - Dr. Huffstutter	6	Brooklet Street, Unit 1	ASHEVILLE	NC	28801
MMA ACA in Rutherfordton Hosp	128	Dr. Henry Norris Dr	RUTHERFORDTON	NC	28139
MMA/ACA - Dr. John Critikos	45	East Mills Street	COLUMBUS	NC	28722
MMA/Asheville Cardiology	80	Healthcare Dr, Ste 201	SYLVA	NC	28779
890 Hendersonville Road	890	Hendersonville Rd	ASHEVILLE	NC	28803
Adult Medicine	900	Hendersonville Rd	ASHEVILLE	NC	28803
MMA - Vista Family Health	2585	Hendersonville Rd	ARDEN	NC	28704
Mission Pardee Health Campus	2695	Hendersonville Rd	ARDEN	NC	28704
MMA-Western Carolina Family Prac.	1257	Hendersonville Road	ASHEVILLE	NC	28803
MMA/ACA at Highlands Medical Assoc.	1029	Hicks Road	HIGHLANDS	NC	28741
Mission Cancer Center	21	Hospital Dr	ASHEVILLE	NC	28801
Haywood Cty Ambulatory&Phyiscian Off	490	Hospital Dr	CLYDE	NC	28721
Clinical and Office Space	1	Hospital Drive	ASHEVILLE	NC	28801
Mission My Care Plus- Biltmore Park	310	Long Shoals Rd	ASHEVILLE	NC	28803
Genetics Lab	267	McDowell St	ASHEVILLE	NC	28801
2 Medical Park Drive	2	Medical Park Dr	ASHEVILLE	NC	28803
Asheville Surgery Center	5	Medical Park Dr	ASHEVILLE	NC	28803
Regional Surgical Specialists	14	Medical Park Dr	ASHEVILLE	NC	28803
Mission Childrens - Sylva	186	Medical Park Loop	SYLVA	NC	28779
Mission My Care Plus - Leicester	711	New Leicester Highway	ASHEVILLE	NC	28806
MMA Asheville Family Medicine	41	Oakland Street, Unit 300	ASHEVILLE	NC	28801
Tallulah PT Building- P. Johnson	120	Old Highway 129	ROBBINSVILLE	NC	28771
Mission Childrens - Bryson City	45	Plateau St	BRYSON CITY	NC	28713
Sports Rehab	200	Racquet Club Drive	ASHEVILLE	NC	28803
Western Carolina Women's Spec. Ctr	2100	Ridgefield Blvd	ASHEVILLE	NC	28806
HOPE Women's Center	100	Ridgefield Court	ASHEVILLE	NC	28806
My Care Plus - Candler	1388	Sand Hill Road	ASHEVILLE	NC	28806
MMA - Low Vision Clinic	240	Sardis Road	ASHEVILLE	NC	28806
Asheville Infectious Disease	53	South French Broad Ave	ASHEVILLE	NC	28801
MMA - Tallulah Health Center	409	Tallulah Rd	ROBBINSVILLE	NC	28771
Reuter YMCA - South	3	Town Square	ASHEVILLE	NC	28803
One Town Square	1	Town Square Blvd	ASHEVILLE	NC	28803
Justice Athletic Center UNCA Campus	1	University Heights	ASHEVILLE	NC	28804
5 Vanderbilt Park Dr.	5	Vanderbilt Park Dr	ASHEVILLE	NC	28803
Vanderbilt Condominium	7	Vanderbilt Park Dr	ASHEVILLE	NC	28803

All responses should pertain to October 1, 2012 through September 30, 2013.

Ownership Disclosure continued...

3. Vice President of Nursing and Patient Care Services:
Karen Olsen, RN, CNO
4. Director of Planning: Brian D. Moore, Director, Public Policy & Regulatory Relations

Facility Data

- A. **Reporting Period** All responses should pertain to the period **October 1, 2012 to September 30, 2013.**
- 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.	38,348	
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.	38,416	
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.	503	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes X	No
If 'Yes', what is the current number of licensed beds?	701	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	*Awarded 51 beds with CON B-8637-11.15 beds added with project # HL-9490ND/NS. We're add with project # HL-9146-ASL/DWS for a total of 19 additional beds.	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	9,225	

*See attached letters
C. Designation and Accreditation

1. Are you a designated trauma center? X Yes (2 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: 8/30/16
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



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

May 9, 2013

Toby Kay, Director (via email only)
Facility Project Management
Mission Hospitals
509 Biltmore Avenue
Asheville, NC 28801

Re: Project No. HL-9490-ND/DS
FID No. 943349 CON No. B-8637-11
Mission Hospitals (Memorial)
Reopening of Memorial Campus 5th Floor East Wing
Asheville (Buncombe)

Dear Mr. Kay:

The referenced project was re-inspected on April 10, 2013. We have notified the DHSR Acute and Home Care Licensure and Certification Section that this project was recommended for use as of April 15, 2013. This completes the documentation needed for us to close out our files for this project.

Please use our Project No. HL-9490-ND/DS and FID No. 943349 on all correspondence related to this project. If you have any questions, or if we can be of any further assistance, please contact our office at the telephone number or email address listed below.

Sincerely,

Don Schlagle
Engineer
DHSR Construction Section
don.schlagle@dhhs.nc.gov
(919) 855-3918

c: Asheville City Inspections – Jay Eichorn (via email only)
McKim & Creed Engineering – Rick Cooper (via email only)
Mission Health System – Garrett Shreffler (via email only)



Construction Section
www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705
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North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

September 24, 2013

Toby Kay, Director
Mission Hospital and Asheville Surgery Center
509 Biltmore Avenue
Asheville, NC 28801

Re: Project No. HL-9146-AJL/DWS
FID No. 943349
Mission Hospitals (Memorial)
4SE 4-Bed Renovation
Asheville (Buncombe County)

Dear Mr. Kay:

The referenced project located at 509 Biltmore Avenue was inspected on August 22, 2013, by Don Schlagle. On September 6, 2013, we received acceptable documentation that the deficiencies cited at that inspection have been corrected. We have notified the DHSR Acute and Home Care Licensure and Certification Section that this project was recommended for use as of September 6, 2013.

Please use our Project No. HL-9146-AJL/DWS and FID No. 943349 on all correspondence related to this project. If you have any questions, or if we can be of any further assistance, please contact our office at the telephone number or e-mail address listed below.

Sincerely,

Don Schlagle
Engineer
DHSR Construction Section
don.schlagle@dhhs.nc.gov
(919) 855-3918

cc: DHSR Acute and Home Care Licensure and Certification Section
Mission Hospitals – Bob Swann (via e-mail only)
Padgett & Freeman Architects, P.A. – Eugene Edwards, III AIA (via e-mail only)
United Engineering – Rick Cooper (via e-mail only)



Construction Section

www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592

Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705
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All responses should pertain to October 1, 2012 through September 30, 2013.

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)	Licensed Beds as of September 30, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus Cumulative</i>			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *	0	0	*
b. Cardiac	10	10	2,455
c. Cardiovascular Surgery	20	20	2,111
d. Medical/Surgical	28	28	7,346
e. Neonatal Beds Level IV ** (Not Normal Newborn)	51	51	**13,766
f. Pediatric	23 8	23	1,538
g. Respiratory Pulmonary	0	0	0
h. Other (List)	14	14	4,257
Other Units			
i. Gynecology	18	18	3,522
j. Medical/Surgical ***	312	312	***87,828
k. Neonatal Level III ** (Not Normal Newborn)	0	0	**
l. Neonatal Level II ** (Not Normal Newborn)	0	0	**
m. Obstetric (including LDRP)	34	34	9,875
n. Oncology	29	29	8,170
o. Orthopedics	68	68	9,029
p. Pediatric	25 41	26	4,878
q. Other (List) <i>Spine, Neuro, Trauma</i>	68	68	28,873
Total General Acute Care Beds/Days (a through q)	701 682	701	183,648
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	62	18,171
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	763 744	763	201,819

* 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)

All responses should pertain to October 1, 2012 through September 30, 2013.

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)	Licensed Beds as of September 30, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus</i> <u>Memorial Building</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *	0	0	*
b. Cardiac	10	10	2,455
c. Cardiovascular Surgery	20	20	2,111
d. Medical/Surgical	14	14	4,352
e. Neonatal Beds Level IV ** (Not Normal Newborn)	51	51	**13,766
f. Pediatric	23 8	23	1,538
g. Respiratory Pulmonary	0	0	
h. Other (List)	14	14	4,257
<i>Other Units</i>			
i. Gynecology	18	18	3,522
j. Medical/Surgical ***	185	185	***53,261
k. Neonatal Level III ** (Not Normal Newborn)	0	0	**
l. Neonatal Level II ** (Not Normal Newborn)	0	0	**
m. Obstetric (including LDRP)	34	34	9,875
n. Oncology	0	0	-
o. Orthopedics	68	68	9,029
p. Pediatric	26 41	26	4,878
q. Other (List) <u>Spine, Neuro, Trauma</u>	68	68	28,873
Total General Acute Care Beds/Days (a through q)	531 682	531	137,917
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0 52		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	531 744	531	137,917

* 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)

All responses should pertain to October 1, 2012 through September 30, 2013.

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)	Licensed Beds as of September 30, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
Campus <u>St. Joseph's Building</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	14	14	2,994
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	127	127	***34,567
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology	29	29	8,170
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	170 682	170	45,731
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	62	18,171
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	232 744	232	63,902

* 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)

All responses should pertain to **October 1, 2012 through September 30, 2013.**

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	24

* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & 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	5,076	18,493	14,416	332	515
Medicare & Medicare Managed Care	97,424	30,773	116,817	6,523	7,585
Medicaid	40,870	26,400	63,349	2,190	2,835
Commercial Insurance	2,299	2,717	3,060	236	201
Managed Care	34,548	20,666	120,392	3,656	8,865
Other (Specify)	3,431	2,583	9,393	417	748
TOTAL	183,648	101,632	377,427	13,354	20,749

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	2,1647
b. Live births (Cesarean Section)	1,256
c. Stillbirths	26

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	17
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)	34

2. Abortion Services

Number of procedures per Year 35

All responses should pertain to October 1, 2012 through September 30, 2013.

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

- a. Total Number of ED Exam Rooms: 61. Of this total, how many are:
- a.1. # Trauma Rooms 2
 - a.2 # Fast Track Rooms 8
 - a.3 # Urgent Care Rooms 33
- b. Total Number of ED visits for reporting period: 101,632
- c. Total Number of admits from the ED for reporting period: 20,531
- 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? 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? 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 No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	<u>2</u>	<u>2</u>		<u>843</u>
Fixed Wing				

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 7,273
 HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea	<u>22</u>	h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2012 through September 30, 2013.

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
1. Number of Units of Fixed Equipment	5	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	3,045	1,253
4. Number of Procedures* Performed in Mobile Units		
Electro-physiology ICF-9 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		
5. Number of Units of Fixed Equipment	2	
6. Number of Procedures on Dedicated EP Equipment	1,070	

*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: _____ 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	848
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	44
4. Total Open Heart Surgery Procedures (2. + 3.)	892
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

All responses should pertain to **October 1, 2012** through **September 30, 2013**.

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)

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	6
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	9
Shared - Inpatient / Ambulatory Surgery	30
Total of Surgical Operating Rooms	47

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

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: 7

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 6

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) N/A

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	<u>2,554</u>	<u>3,548</u>	<u>3,664</u>	<u>4,438</u>
Non-GI Endoscopy				
Totals	<u>2,554</u>	<u>3,548</u>	<u>3,664</u>	<u>4,438</u>

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.

All responses should pertain to October 1, 2012 through September 30, 2013.

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: Memorial Building)

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	6
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	16
Total of Surgical Operating Rooms	24

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

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: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only 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: 0

CON Project ID Number(s) N/A

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	1,353	2,630	1,940	3,315
Non-GI Endoscopy				
Totals	1,353	2,630	1,940	3,315

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.

All responses should pertain to October 1, 2012 through September 30, 2013.

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: St. Joseph's Building)

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	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	2
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	12
Total of Surgical Operating Rooms	14

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~~ 3

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only 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: 0

CON Project ID Number(s) N/A

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	1,201	892	1,724	1,123
Non-GI Endoscopy				
Totals	1,201	892	1,724	1,123

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.

All responses should pertain to October 1, 2012 through September 30, 2013.

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: Asheville 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	9
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	9

Number of additional CON approved surgical operating rooms pending development: 0

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: 3

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: None

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) N/A

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	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.

All responses should pertain to October 1, 2012 through September 30, 2013.

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

(Campus – If multiple sites: Cumulative)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms 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 performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	302	20
Open Heart Surgery (from 7.(b) 4.)	894	
General Surgery	2,287	4,066
Neurosurgery	470	118
Obstetrics and GYN (excluding C-Sections)	451	2,369
Ophthalmology	11	2,755 2,755
Oral Surgery	16	297
Orthopedics	6,143	5,776
Otolaryngology	178	2,259
Plastic Surgery	41	1,001
Urology	403	1,558
Vascular	897	530
Other Surgeries (specify)	0	0
Other Surgeries (specify)	0	0
Number of C-Section's Performed in Dedicated C-Section ORs	1,254	
Number of C-Section's Performed in Other ORs	7	
Total Surgical Cases Performed Only in Licensed ORs	13,354	20,749

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		2,311
Cystoscopy		118
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) <u>ESWB/Lithotripsy</u>	4	249
Other (specify) <u>Pediatric Dental</u>		1,549
Other (specify)		
Total Non-Surgical Cases	4	4,227

All responses should pertain to October 1, 2012 through September 30, 2013.

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

(Campus – If multiple sites: Memorial Building)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms 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 performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	302	20
Open Heart Surgery (from 7.(b) 4.)	894	
General Surgery	1,298	1,344
Neurosurgery	470	58
Obstetrics and GYN (excluding C-Sections)	352	1,367
Ophthalmology	10	50
Oral Surgery	14	141
Orthopedics	5,916	2,955
Otolaryngology	168	315
Plastic Surgery	24	76
Urology	67	27
Vascular	162	14
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	1,254	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	10,931	6,367

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		

All responses should pertain to October 1, 2012 through September 30, 2013.

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

(Campus – If multiple sites: St. Joseph's Building)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms 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 performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	996	2,207
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	99	611
Ophthalmology	1	
Oral Surgery	2	63
Orthopedics	227	222
Otolaryngology	10	7
Plastic Surgery	17	149
Urology	336	1,504
Vascular	135	516
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 Performed Only in Licensed ORs	2,423	5,279

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		118
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) <u>ESWL</u>	4	249
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	4	367

All responses should pertain to October 1, 2012 through September 30, 2013.

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

(Campus – If multiple sites: Asheville Surgery Center)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms 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 performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		515
Neurosurgery		60
Obstetrics and GYN (excluding C-Sections)		391
Ophthalmology		2,705
Oral Surgery		93
Orthopedics		2,599
Otolaryngology		1,937
Plastic Surgery		776
Urology		27
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 Performed Only in Licensed ORs		9,103

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		2,311
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify) <u>Pediatric Dental</u>		1,549
Other (specify)		
Total Non-Surgical Cases		3,860

All responses should pertain to **October 1, 2012 through September 30, 2013.**

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
10.6	252	189.6	96.6

* 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.*

All responses should pertain to **October 1, 2012 through September 30, 2013.**

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI 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:*

Cumulative

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL 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	
Number of Policy AC-3 MRI scanners used for general clinical purposes	5							
Total Fixed MRI Scanners/Procedures	5	2,178	2,787	4,965	2,788	4,608	7,396	12,361
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 row should not be included in the MRI Patient Origin Table on page 25 of this application.								
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)	0
70540	MRI Orbit/Face/Neck w/o	8
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	45
70544	MRA Head w/o	669
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	4
70548	MRA Neck with contrast	14
70549	MRA Neck w/o & with	196
70551	MRI Brain w/o	2,661
70552	MRI Brain with contrast	190
	Subtotal for this page	3,788

All responses should pertain to October 1, 2012 through September 30, 2013.

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI 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:

Memorial Building

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)								
Number of Policy AC-3 MRI scanners used for general clinical purposes	<i>2</i>							
Total Fixed MRI Scanners/Procedures	<i>2</i>	<i>1,446</i>	<i>2,304</i>	<i>3,750</i>	<i>1,345</i>	<i>2,470</i>	<i>3,815</i>	<i>7,565</i>
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 row should not be included in the MRI Patient Origin Table on page 25 of this application.								
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)	<i>0</i>
70540	MRI Orbit/Face/Neck w/o	<i>6</i>
70542	MRI Orbit/Face/Neck with contrast	<i>0</i>
70543	MRI Orbit/Face/Neck w/o & with	<i>30</i>
70544	MRA Head w/o	<i>615</i>
70545	MRA Head with contrast	<i>0</i>
70546	MRA Head w/o & with	<i>0</i>
70547	MRA Neck w/o	<i>3</i>
70548	MRA Neck with contrast	<i>14</i>
70549	MRA Neck w/o & with	<i>190</i>
70551	MRI Brain w/o	<i>1,996</i>
70552	MRI Brain with contrast	<i>175</i>
Subtotal for this page		<i>3,029</i>

All responses should pertain to October 1, 2012 through September 30, 2013.

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI 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:*

St. Joseph's Building

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)								
Number of Policy AC-3 MRI scanners used for general clinical purposes	<i>2/1</i>							
Total Fixed MRI Scanners/Procedures	<i>2/1</i>	<i>718</i>	<i>474</i>	<i>1,192</i>	<i>162</i>	<i>156</i>	<i>318</i>	<i>1,510</i>
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 row should not be included in the MRI Patient Origin Table on page 25 of this application.								
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)	<i>0</i>
70540	MRI Orbit/Face/Neck w/o	<i>1</i>
70542	MRI Orbit/Face/Neck with contrast	<i>0</i>
70543	MRI Orbit/Face/Neck w/o & with	<i>3</i>
70544	MRA Head w/o	<i>24</i>
70545	MRA Head with contrast	<i>0</i>
70546	MRA Head w/o & with	<i>0</i>
70547	MRA Neck w/o	<i>1</i>
70548	MRA Neck with contrast	<i>0</i>
70549	MRA Neck w/o & with	<i>4</i>
70551	MRI Brain w/o	<i>241</i>
70552	MRI Brain with contrast	<i>4</i>
	Subtotal for this page	<i>278</i>

All responses should pertain to October 1, 2012 through September 30, 2013.

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI 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:*

Other Sites

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)								
Number of Policy AC-3 MRI scanners used for general clinical purposes	2							
Total Fixed MRI Scanners/Procedures	2	14	9	23	1,281	1,982	3,263	3,286
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 row should not be included in the MRI Patient Origin Table on page 25 of this application.								
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)	0
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	12
70544	MRA Head w/o	30
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	0
70548	MRA Neck with contrast	0
70549	MRA Neck w/o & with	2
70551	MRI Brain w/o	424
70552	MRI Brain with contrast	11
Subtotal for this page		481

All responses should pertain to October 1, 2012 through September 30, 2013.

Cumulative

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

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1,721
7055A	IAC Screening	0
71550	MRI Chest w/o	9
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	13
71555	MRA Chest with OR without contrast	60
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	1,005
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	255
72146	MRI Thoracic Spine w/o	385
72147	MRI Thoracic Spine with contrast	4
72157	MRI Thoracic Spine w/o & with	216
72148	MRI Lumbar Spine w/o	1,655
72149	MRI Lumbar Spine with contrast	11
72158	MRI Lumbar Spine w/o & with	990
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	97
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	183
72198	MRA Pelvis w/o OR with Contrast	3
73218	MRI Upper Ext, other than joint w/o	26
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	22
73221	MRI Upper Ext, any joint w/o	160
73222	MRI Upper Ext, any joint with contrast	17
73223	MRI Upper Ext, any joint w/o & with	33
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	92
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	139
73721	MRI Lower Ext any joint w/o	421
73722	MRI Lower Ext any joint with contrast	2
73723	MRI Lower Ext any joint w/o & with	67
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	80
74182	MRI Abdomen with contrast	0
	Subtotal for this page	7,668

All responses should pertain to October 1, 2012 through September 30, 2013.

Memorial Building

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	974
7055A	IAC Screening	0
71550	MRI Chest w/o	7
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	8
71555	MRA Chest with OR without contrast	59
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	509
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	142
72146	MRI Thoracic Spine w/o	201
72147	MRI Thoracic Spine with contrast	4
72157	MRI Thoracic Spine w/o & with	112
72148	MRI Lumbar Spine w/o	765
72149	MRI Lumbar Spine with contrast	6
72158	MRI Lumbar Spine w/o & with	381
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	42
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	105
72198	MRA Pelvis w/o OR with Contrast	2
73218	MRI Upper Ext, other than joint w/o	15
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	14
73221	MRI Upper Ext, any joint w/o	103
73222	MRI Upper Ext, any joint with contrast	14
73223	MRI Upper Ext, any joint w/o & with	16
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	55
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	69
73721	MRI Lower Ext any joint w/o	283
73722	MRI Lower Ext any joint with contrast	1
73723	MRI Lower Ext any joint w/o & with	37
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	54
74182	MRI Abdomen with contrast	0
	Subtotal for this page	3,980

All responses should pertain to October 1, 2012 through September 30, 2013.

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

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	262
7055A	IAC Screening	0
71550	MRI Chest w/o	1
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	34
72142	MRI Cervical Spine with contrast	0
72156	MRI Cervical Spine w/o & with	32
72146	MRI Thoracic Spine w/o	51
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	42
72148	MRI Lumbar Spine w/o	152
72149	MRI Lumbar Spine with contrast	0
72158	MRI Lumbar Spine w/o & with	108
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	9
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	31
72198	MRA Pelvis w/o OR with Contrast	1
73218	MRI Upper Ext, other than joint w/o	2
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	3
73221	MRI Upper Ext, any joint w/o	17
73222	MRI Upper Ext, any joint with contrast	0
73223	MRI Upper Ext, any joint w/o & with	13
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	20
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	49
73721	MRI Lower Ext any joint w/o	49
73722	MRI Lower Ext any joint with contrast	0
73723	MRI Lower Ext any joint w/o & with	23
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	25
74182	MRI Abdomen with contrast	0
	Subtotal for this page	925

All responses should pertain to October 1, 2012 through September 30, 2013.

Other Sites

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

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	485
7055A	IAC Screening	0
71550	MRI Chest w/o	1
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	5
71555	MRA Chest with OR without contrast	0
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	462
72142	MRI Cervical Spine with contrast	0
72156	MRI Cervical Spine w/o & with	81
72146	MRI Thoracic Spine w/o	133
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	62
72148	MRI Lumbar Spine w/o	738
72149	MRI Lumbar Spine with contrast	5
72158	MRI Lumbar Spine w/o & with	501
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	46
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	47
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	9
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	5
73221	MRI Upper Ext, any joint w/o	40
73222	MRI Upper Ext, any joint with contrast	3
73223	MRI Upper Ext, any joint w/o & with	4
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	17
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	21
73721	MRI Lower Ext any joint w/o	89
73722	MRI Lower Ext any joint with contrast	1
73723	MRI Lower Ext any joint w/o & with	7
73725	MRA Lower Ext w/o OR with contrast	0
74181	MRI Abdomen w/o	1
74182	MRI Abdomen with contrast	0
	Subtotal for this page	2,763

All responses should pertain to October 1, 2012 through September 30, 2013.

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

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	637
74185	MRA Abdomen w/o OR with contrast	21
75557	MRI Cardiac Morphology w/o	68
75561	MRI Cardiac Morphology with contrast	112
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	1
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 <i>Other</i>	66
	Subtotal for this page	905
	Total Number of Procedures for all pages	12,361

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 7
 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	14,006	X	1.00	=	14,006.00
2	Head with contrast	988	X	1.25	=	1,235.00
3	Head without and with contrast	374	X	1.75	=	654.50
4	Body without contrast	6,235	X	1.50	=	9,352.50
5	Body with contrast	12,139	X	1.75	=	21,243.25
6	Body without contrast and with contrast	547	X	2.75	=	1,504.25
7	Biopsy in addition to body scan with or without contrast	754	X	2.75	=	2,073.50
8	Abscess drainage in addition to body scan with or without contrast	299	X	4.00	=	1,196.00

All responses should pertain to October 1, 2012 through September 30, 2013.

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

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	304
74185	MRA Abdomen w/o OR with contrast	8
75557	MRI Cardiac Morphology w/o	67
75561	MRI Cardiac Morphology with contrast	112
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
77055	MRI Breast, unilateral w/o and/or with contrast	0
77056	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
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 <i>other</i>	65
	Subtotal for this page	556
	Total Number of Procedures for all pages	7,565

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 4
 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	13,555	X	1.00	=	13,555.00
2	Head with contrast	929	X	1.25	=	1,161.25
3	Head without and with contrast	306	X	1.75	=	535.50
4	Body without contrast	5,306	X	1.50	=	7,959.00
5	Body with contrast	9,936	X	1.75	=	17,388.00
6	Body without contrast and with contrast	478	X	2.75	=	1,314.50
7	Biopsy in addition to body scan with or without contrast	675	X	2.75	=	1,856.25
8	Abscess drainage in addition to body scan with or without contrast	200	X	4.00	=	800.00

All responses should pertain to October 1, 2012 through September 30, 2013.

10b. MRI Procedures by CPT Codes *continued. St. Joseph's*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	292
74185	MRA Abdomen w/o OR with contrast	12
75557	MRI Cardiac Morphology w/o	1
75561	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
77055	MRI Breast, unilateral w/o and/or with contrast	0
77056	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 <i>Other</i>	1
Subtotal for this page		307
Total Number of Procedures for all pages		1,510

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1

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	449	X	1.00	=	449.00
2	Head with contrast	46	X	1.25	=	57.50
3	Head without and with contrast	42	X	1.75	=	73.50
4	Body without contrast	536	X	1.50	=	804.00
5	Body with contrast	1,141	X	1.75	=	1,996.75
6	Body without contrast and with contrast	36	X	2.75	=	99.00
7	Biopsy in addition to body scan with or without contrast	79	X	2.75	=	217.25
8	Abscess drainage in addition to body scan with or without contrast	99	X	4.00	=	396.00

All responses should pertain to October 1, 2012 through September 30, 2013.

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

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	41
74185	MRA Abdomen w/o OR with contrast	1
75557	MRI Cardiac Morphology w/o	0
75561	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
77055	MRI Breast, unilateral w/o and/or with contrast	0
77056	MRI Breast, bilateral w/o and/or with contrast	0
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
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		42
Total Number of Procedures for all pages		3,286

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

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	2	X	1.00	=	2.00
2	Head with contrast	13	X	1.25	=	16.25
3	Head without and with contrast	26	X	1.75	=	45.50
4	Body without contrast	393	X	1.50	=	589.50
5	Body with contrast	1,062	X	1.75	=	1,858.50
6	Body without contrast and with contrast	33	X	2.75	=	90.75
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

All responses should pertain to October 1, 2012 through September 30, 2013.

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

Cumulative

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	10	1,809	1,819
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	14	10,447	12,702	23,149
Mammography equipment	1	0	3,089	3,089
Bone Density Equipment	1	0	255	255
Fixed X-ray Equipment (excluding fluoroscopic)	8	10,955	64,958	75,913
Fixed Fluoroscopic X-ray Equipment	5	3,884	1,568	5,452
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	4	6,178	5,408	11,586
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera				
Vendor:	0	0	0	0
SPECT	4	886	1,267	2,153
Mobile SPECT				
Vendor:	0	0	0	0
Gamma Camera	3	1,100	372	1,472
Mobile Gamma Camera				
Vendor:	0	0	0	0

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. 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	4	249	253
Mobile				

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2012 through September 30, 2013.

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 *Memorial Building*

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	10	1,809	1,819
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	4	8,093	10,416	18,509
Mammography equipment	0	0	0	0
Bone Density Equipment	0	0	0	0
Fixed X-ray Equipment (excluding fluoroscopic)	4	40,775	61,736	102,511
Fixed Fluoroscopic X-ray Equipment	3	2,584	1,494	4,078
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	3	5,035	4,780	9,815
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera				
Vendor:	0	0	0	0
SPECT	3	720	1,242	1,962
Mobile SPECT				
Vendor:	0	0	0	0
Gamma Camera	1	757	2,023	2,780
Mobile Gamma Camera				
Vendor:	0	0	0	0

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. 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				

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2012 through September 30, 2013.

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

St. Joseph's Building

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0			
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	2	2,354	751	3,105
Mammography equipment	0			
Bone Density Equipment	0			
Fixed X-ray Equipment (excluding fluoroscopic)	3	8,371	2,249	10,620
Fixed Fluoroscopic X-ray Equipment	2	1,300	1,419	2,719
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1,143	628	1,771
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera				
Vendor:	0	0	0	0
SPECT	1	166	25	191
Mobile SPECT				
Vendor:	0	0	0	0
Gamma Camera	1	343	170	513
Mobile Gamma Camera				
Vendor:	0	0	0	0

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. 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	4	249	253
Mobile				

Lithotripsy Vendor/Owner:

All responses should pertain to October 1, 2012 through September 30, 2013.

Other Sites

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	0			
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	8		1,535	1,535
Mammography equipment	1		3,089	3,089
Bone Density Equipment	1		255	255
Fixed X-ray Equipment (excluding fluoroscopic)	3		973	973
Fixed Fluoroscopic X-ray Equipment	0			
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0			
Coincidence Camera	0			
Mobile Coincidence Camera				
Vendor:	0			
SPECT	0			
Mobile SPECT				
Vendor:	0			
Gamma Camera	1		235	235
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				
Mobile				

Lithotripsy Vendor/Owner:

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)	43
77404	Radiation treatment delivery (11-19 MeV)	20
77406	Radiation treatment delivery (>=20 MeV)	0
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	9
77409	Radiation treatment delivery (11-19 MeV)	1
77411	Radiation treatment delivery (>=20 MeV)	0
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	0
77413	Radiation treatment delivery (6-10 MeV)	4,379
77414	Radiation treatment delivery (11-19 MeV)	6,380
77416	Radiation treatment delivery (>= 20 MeV)	0
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	1,573
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	131
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	203
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	0
	Pediatric Patient under anesthesia	7
	Neutron and proton radiation therapy	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	8,743
		4,108
Total Procedures – Linear Accelerators		25,597
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

All responses should pertain to October 1, 2012 through September 30, 2013.

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 1,933 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

b. Linear Accelerators
 1. TOTAL number of Linear Accelerator(s) 3
 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery 0
 3. Of the TOTAL number above, Number of CyberKnife® Systems: 1
 Other specialized linear accelerators _____ Identify Manufacturer of Equipment Accura4

c. Number of Gamma Knife® units 0

d. Number of treatment simulators (“machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.”(GS 131E-176(24b))) 1

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? Yes 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	<u>10</u>

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.**

All responses should pertain to **October 1, 2012 through September 30, 2013.**

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										

All responses should pertain to October 1, 2012 through September 30, 2013.

13. Additional Services: continued

c) Mental Health and Substance Abuse

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

Mission Behavioral Health Services (Copestone)

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

3. Director of the above services

Vickie Smith

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		8	9	17	45	62

All responses should pertain to October 1, 2012 through September 30, 2013.

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 _____						

All responses should pertain to October 1, 2012 through September 30, 2013.

Patient Origin - General Acute Care Inpatient Services

Facility County: Buncombe

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	6	37. Gates		73. Person	1
2. Alexander	5	38. Graham	258	74. Pitt	5
3. Alleghany	2	39. Granville	3	75. Polk	324
4. Anson	1	40. Greene		76. Randolph	5
5. Ashe	1	41. Guilford	14	77. Richmond	1
6. Avery	183	42. Halifax	1	78. Robeson	4
7. Beaufort	1	43. Harnett		79. Rockingham	2
8. Bertie		44. Haywood	2,107	80. Rowan	6
9. Bladen	5	45. Henderson	3,122	81. Rutherford	712
10. Brunswick		46. Hertford	1	82. Sampson	2
11. Buncombe	19,101	47. Hoke		83. Scotland	2
12. Burke	539	48. Hyde		84. Stanly	1
13. Cabarrus	4	49. Iredell	12	85. Stokes	2
14. Caldwell	85	50. Jackson	988	86. Surry	1
15. Camden		51. Johnston	3	87. Swain	814
16. Carteret	3	52. Jones	1	88. Transylvania	1,139
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba	45	54. Lenoir	2	90. Union	11
19. Chatham	2	55. Lincoln	9	91. Vance	
20. Cherokee	530	56. Macon	1,037	92. Wake	26
21. Chowan		57. Madison	1,768	93. Warren	1
22. Clay	192	58. Martin	1	94. Washington	
23. Cleveland	63	59. McDowell	1,923	95. Watauga	23
24. Columbus	1	60. Mecklenburg	41	96. Wayne	1
25. Craven	5	61. Mitchell	610	97. Wilkes	6
26. Cumberland	6	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	5	99. Yadkin	2
28. Dare	2	64. Nash	4	100. Yancey	1,071
29. Davidson	3	65. New Hanover	9		37,416
30. Davie	2	66. Northampton		101. Georgia	152
31. Duplin	1	67. Onslow	3	102. South Carolina	187
32. Durham	4	68. Orange	4	103. Tennessee	126
33. Edgecombe	1	69. Pamlico		104. Virginia	45
34. Forsyth	11	70. Pasquotank	1	105. Other States	463
35. Franklin	1	71. Pender		106. Other	
36. Gaston	11	72. Perquimans	1	Total No. of Patients	38,416

All responses should pertain to October 1, 2012 through September 30, 2013.

Patient Origin – Inpatient Surgical Cases

Facility County: Buncombe

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	1
2. Alexander	3	38. Graham	80	74. Pitt	1
3. Alleghany		39. Granville		75. Polk	133
4. Anson		40. Greene		76. Randolph	3
5. Ashe	4	41. Guilford	3	77. Richmond	
6. Avery	78	42. Halifax	1	78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1,002	80. Rowan	2
9. Bladen		45. Henderson	1,251	81. Rutherford	317
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	5,739	47. Hoke		83. Scotland	2
12. Burke	304	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	9	85. Stokes	1
14. Caldwell	49	50. Jackson	433	86. Surry	
15. Camden		51. Johnston		87. Swain	284
16. Carteret		52. Jones	1	88. Transylvania	429
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	21	54. Lenoir	1	90. Union	5
19. Chatham	1	55. Lincoln	6	91. Vance	
20. Cherokee	194	56. Macon	511	92. Wake	6
21. Chowan		57. Madison	524	93. Warren	1
22. Clay	71	58. Martin		94. Washington	
23. Cleveland	37	59. McDowell	806	95. Watauga	16
24. Columbus		60. Mecklenburg	11	96. Wayne	1
25. Craven	4	61. Mitchell	244	97. Wilkes	3
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	346
29. Davidson	1	65. New Hanover	2		12,961
30. Davie	1	66. Northampton		101. Georgia	52
31. Duplin		67. Onslow	2	102. South Carolina	74
32. Durham	1	68. Orange	1	103. Tennessee	69
33. Edgecombe		69. Pamlico		104. Virginia	15
34. Forsyth	5	70. Pasquotank		105. Other States	172
35. Franklin		71. Pender		106. Other	11
36. Gaston	2	72. Perquimans		Total No. of Patients	13,354

All responses should pertain to **October 1, 2012 through September 30, 2013.**

Patient Origin – Ambulatory Surgical Cases

Facility County: Buncombe

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	7	38. Graham	107	74. Pitt	1
3. Alleghany	2	39. Granville	1	75. Polk	130
4. Anson		40. Greene		76. Randolph	
5. Ashe	6	41. Guilford	7	77. Richmond	
6. Avery	73	42. Halifax		78. Robeson	
7. Beaufort	2	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1,362	80. Rowan	
9. Bladen		45. Henderson	2,164	81. Rutherford	319
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe	10,576	47. Hoke		83. Scotland	
12. Burke	274	48. Hyde		84. Stanly	3
13. Cabarrus	1	49. Iredell	3	85. Stokes	
14. Caldwell	59	50. Jackson	461	86. Surry	
15. Camden		51. Johnston		87. Swain	295
16. Carteret	1	52. Jones		88. Transylvania	566
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	31	54. Lenoir	1	90. Union	1
19. Chatham		55. Lincoln	11	91. Vance	
20. Cherokee	197	56. Macon	426	92. Wake	6
21. Chowan		57. Madison	980	93. Warren	
22. Clay	57	58. Martin	1	94. Washington	
23. Cleveland	18	59. McDowell	1,164	95. Watauga	27
24. Columbus	1	60. Mecklenburg	7	96. Wayne	
25. Craven	1	61. Mitchell	381	97. Wilkes	5
26. Cumberland	1	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	659
29. Davidson		65. New Hanover	2		20,424
30. Davie	1	66. Northampton		101. Georgia	45
31. Duplin		67. Onslow	1	102. South Carolina	86
32. Durham	4	68. Orange	4	103. Tennessee	72
33. Edgecombe		69. Pamlico		104. Virginia	14
34. Forsyth	5	70. Pasquotank		105. Other States	106
35. Franklin	2	71. Pender		106. Other	2
36. Gaston	3	72. Perquimans		Total No. of Patients	20,749

All responses should pertain to **October 1, 2012 through September 30, 2013.**

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Buncombe

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	2	38. Graham	35	74. Pitt	
3. Alleghany		39. Granville		75. Polk	31
4. Anson		40. Greene		76. Randolph	1
5. Ashe	2	41. Guilford		77. Richmond	
6. Avery	38	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	411	80. Rowan	
9. Bladen		45. Henderson	435	81. Rutherford	76
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	3,232	47. Hoke		83. Scotland	1
12. Burke	98	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	2	85. Stokes	
14. Caldwell	16	50. Jackson	140	86. Surry	1
15. Camden		51. Johnston		87. Swain	90
16. Carteret	1	52. Jones		88. Transylvania	142
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	9	54. Lenoir		90. Union	1
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee	110	56. Macon	122	92. Wake	1
21. Chowan		57. Madison	260	93. Warren	
22. Clay	38	58. Martin		94. Washington	
23. Cleveland	3	59. McDowell	358	95. Watauga	7
24. Columbus		60. Mecklenburg	6	96. Wayne	
25. Craven		61. Mitchell	114	97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash		100. Yancey	192
29. Davidson	1	65. New Hanover	2		5,986
30. Davie		66. Northampton		101. Georgia	18
31. Duplin		67. Onslow		102. South Carolina	24
32. Durham	1	68. Orange		103. Tennessee	17
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	54
35. Franklin		71. Pender		106. Other	2
36. Gaston	1	72. Perquimans		Total No. of Patients	6,102

All responses should pertain to October 1, 2012 through September 30, 2013.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Buncombe

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	22	0	22						
Alleghany									
Anson	0	3	3						
Ashe	12	11	23						
Avery	31	39	70						
Beaufort									
Bertie									
Bladen									
Brunswick	0	11	11						
Buncombe	1,509	10,271	11,778						
Burke	124	145	269						
Cabarrus	20	9	29						
Caldwell	54	0	54						
Camden									
Carteret									
Caswell									
Catawba	132	57	189						
Chatham									
Cherokee	36	30	66						
Chowan									
Clay	68	0	68						
Cleveland	8	55	63						
Columbus									
Craven									
Cumberland	0	22	22						
Currituck									
Dare									
Davidson	22	4	26						
Davie	6	21	27						
Duplin									
Durham									
Edgecombe	5	12	17						
Forsyth									
Franklin									
Gaston	19	0	19						
Gates									
Graham	0	6	6						
Granville									
Greene									
Guilford	30	30	60						
Halifax									
Hamett	6	0	6						
Haywood	152	290	442						
Henderson	554	532	1,086						
Hertford									
Hoke									
Hyde									
Iredell	48	17	65						
Jackson	61	54	115						
Johnston									

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

All responses should pertain to October 1, 2012 through September 30, 2013.

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

Facility County: Buncombe

(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	0	3	3						
Lenoir									
Lincoln	5	0	5						
Macon	108	117	225						
Madison	133	617	750						
Martin	0	3	3						
McDowell	206	207	413						
Mecklenburg	42	27	69						
Mitchell	60	127	187						
Montgomery									
Moore									
Nash									
New Hanover	0	19	19						
Northampton									
Onslow	0	4	4						
Orange	0	13	13						
Pamlico									
Pasquotank	10	0	10						
Pender									
Perquimans									
Person									
Pitt	0	3	3						
Polk	40	104	104						
Randolph	2	15	17						
Richmond									
Robeson	0	5	5						
Rockingham									
Rowan	13	0	13						
Rutherford	92	63	155						
Sampson									
Scotland	6	0	6						
Stanly	7	0	7						
Stokes	11	28	39						
Surry	7	44	51						
Swain	73	84	157						
Transylvania	93	206	299						
Tyrrell									
Union	17	11	28						
Vance	18	0	18						
Wake	0	26	26						
Warren									
Washington									
Watauga									
Wayne									
Wilkes	6	0	6						
Wilson									
Yadkin	8	17	25						
Yancey	64	335	399						
Out of State	102	500	602						
TOTALS			18,197						

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

All responses should pertain to October 1, 2012 through September 30, 2013.

atient Origin - MRI Services

Facility County: **Buncombe**

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	1	37. Gates		73. Person	
2. Alexander	1	38. Graham	54	74. Pitt	1
3. Alleghany	2	39. Granville	1	75. Polk	85
4. Anson		40. Greene		76. Randolph	
5. Ashe	5	41. Guilford	2	77. Richmond	
6. Avery	49	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	609	80. Rowan	2
9. Bladen		45. Henderson	944	81. Rutherford	184
10. Brunswick	1	46. Hertford	1	82. Sampson	1
11. Buncombe	5,055	47. Hoke		83. Scotland	
12. Burke	162	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	3	85. Stokes	1
14. Caldwell	22	50. Jackson	243	86. Surry	
15. Camden		51. Johnston		87. Swain	151
16. Carteret	1	52. Jones		88. Transylvania	310
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	21	54. Lenoir	1	90. Union	3
19. Chatham		55. Lincoln	2	91. Vance	
20. Cherokee	126	56. Macon	205	92. Wake	5
21. Chowan		57. Madison	470	93. Warren	
22. Clay	38	58. Martin		94. Washington	
23. Cleveland	26	59. McDowell	470	95. Watauga	10
24. Columbus		60. Mecklenburg	15	96. Wayne	
25. Craven	1	61. Mitchell	111	97. Wilkes	2
26. Cumberland	1	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	280
29. Davidson	1	65. New Hanover	1		9,932
30. Davie	1	66. Northampton		101. Georgia	36
31. Duplin		67. Onslow	1	102. South Carolina	44
32. Durham		68. Orange	1	103. Tennessee	29
33. Edgecombe		69. Pamlico		104. Virginia	9
34. Forsyth	3	70. Pasquotank		105. Other States	116
35. Franklin	1	71. Pender		106. Other	5
36. Gaston	3	72. Perquimans		Total No. of Patients	9,932

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

Patient Origin – Linear Accelerator Treatment

Facility County: Buncombe

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	2	38. Graham	3	74. Pitt	
3. Alleghany		39. Granville		75. Polk	9
4. Anson		40. Greene		76. Randolph	
5. Ashe	1	41. Guilford		77. Richmond	
6. Avery	4	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	113	80. Rowan	
9. Bladen		45. Henderson	178	81. Rutherford	14
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1,150	47. Hoke		83. Scotland	
12. Burke	23	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	5	50. Jackson	29	86. Surry	1
15. Camden		51. Johnston		87. Swain	6
16. Carteret		52. Jones		88. Transylvania	41
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	10	56. Macon	22	92. Wake	
21. Chowan		57. Madison	88	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland		59. McDowell	100	95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell	31	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	74
29. Davidson		65. New Hanover	1		1,908
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	14
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,933

All responses should pertain to October 1, 2012 through September 30, 2013.

atient Origin – PET Scanner

Facility County: **Buncombe**

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	2	38. Graham	5	74. Pitt	
3. Alleghany		39. Granville		75. Polk	8
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	9	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	148	80. Rowan	
9. Bladen		45. Henderson	158	81. Rutherford	22
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	840	47. Hoke		83. Scotland	
12. Burke	27	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	2	50. Jackson	38	86. Surry	
15. Camden		51. Johnston		87. Swain	10
16. Carteret		52. Jones		88. Transylvania	126
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	3	91. Vance	
20. Cherokee	29	56. Macon	45	92. Wake	
21. Chowan		57. Madison	67	93. Warren	
22. Clay	6	58. Martin	50	94. Washington	
23. Cleveland	1	59. McDowell	120	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	88
29. Davidson		65. New Hanover			1,806
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	2
32. Durham		68. Orange		103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other	1
36. Gaston		72. Perquimans		Total No. of Patients	1,819

All responses should pertain to October 1, 2012 through September 30, 2013.

Patient Origin – Emergency Department Services

Facility County: Buncombe

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 6.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	24	37. Gates	1	73. Person	6
2. Alexander	24	38. Graham	166	74. Pitt	15
3. Alleghany	2	39. Granville	4	75. Polk	253
4. Anson	1	40. Greene		76. Randolph	18
5. Ashe	14	41. Guilford	73	77. Richmond	3
6. Avery	68	42. Halifax	6	78. Robeson	7
7. Beaufort	8	43. Harnett	8	79. Rockingham	5
8. Bertie	9	44. Haywood	3,509	80. Rowan	27
9. Bladen	5	45. Henderson	4,566	81. Rutherford	495
10. Brunswick	19	46. Hertford	2	82. Sampson	4
11. Buncombe	73,650	47. Hoke	1	83. Scotland	8
12. Burke	436	48. Hyde		84. Stanly	1
13. Cabarrus	25	49. Iredell	24	85. Stokes	9
14. Caldwell	51	50. Jackson	671	86. Surry	14
15. Camden		51. Johnston	9	87. Swain	438
16. Carteret	6	52. Jones	1	88. Transylvania	1,042
17. Caswell		53. Lee	9	89. Tyrrell	
18. Catawba	89	54. Lenoir	7	90. Union	42
19. Chatham	12	55. Lincoln	22	91. Vance	6
20. Cherokee	230	56. Macon	416	92. Wake	180
21. Chowan		57. Madison	5,552	93. Warren	1
22. Clay	79	58. Martin	3	94. Washington	
23. Cleveland	82	59. McDowell	2,213	95. Watauga	25
24. Columbus	2	60. Mecklenburg	216	96. Wayne	4
25. Craven	14	61. Mitchell	432	97. Wilkes	33
26. Cumberland	24	62. Montgomery		98. Wilson	5
27. Currituck	3	63. Moore	13	99. Yadkin	4
28. Dare	12	64. Nash	9	100. Yancey	1,980
29. Davidson	8	65. New Hanover	45		97,183
30. Davie	6	66. Northampton	3	101. Georgia	444
31. Duplin	2	67. Onslow	26	102. South Carolina	581
32. Durham	36	68. Orange	50	103. Tennessee	403
33. Edgecombe	3	69. Pamlico		104. Virginia	200
34. Forsyth	73	70. Pasquotank	4	105. Other States	2,097
35. Franklin	5	71. Pender	11	106. Other	124
36. Gaston	62	72. Perquimans	2	Total No. of Patients	101,632

All responses should pertain to October 1, 2012 through September 30, 2013.

This page will be separated and kept in a confidential file.

Federal Tax ID number: 56-0532141

All responses should pertain to October 1, 2012 through September 30, 2013.

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 2014 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2014 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: 11/29/2013

PRINT NAME
OF APPROVING OFFICIAL ~~XXXXXXXXXX~~ BRIAN MOORE

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.

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #B-8637-11

FID #943349

ISSUED TO: Mission Hospital, Inc.
428 Biltmore Avenue
Asheville, NC 28801

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Mission Hospital, Inc. shall develop 51 new acute care beds for a total of 733 acute care beds and 62 psychiatric beds/ Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Mission Hospital, Inc.
509 Biltmore Avenue
Asheville, NC 28801

MAXIMUM CAPITAL EXPENDITURE: \$8,532,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2012

This certificate is effective as of the 1st day of August, 2011

Craig R. Smith
Chief, Certificate of Need Section
Division of Health Service Regulation