



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne, Director  
Health Service Regulation

November 2, 2016

Terrill Johnson Harris  
300 North Greene Street, Suite 1400  
Greensboro, NC 27401

**Inquiry re: Exempt from Review Request – Replacement Equipment**

**Record #:** 2087  
**Facility Name:** Mission Hospital  
**FID #:** 943349  
**Project Description:** Replace existing Cyberknife  
**County:** Buncombe

Dear Ms. Harris:

In response to your recent correspondence, the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has determined that:

1. On October 18, 2016, the Agency was notified via telephone conference call that Mission Hospital had signed a contract to replace its existing Cyberknife with comparable new equipment. The capital expenditure of the comparable new equipment exceeds \$2 million.
2. N.C.G.S. 131E-190(b) states: *“No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.”*
3. Mission Hospital provided no prior notice to the Agency of the acquisition (via the execution of an enforceable contract) of the comparable new equipment to replace its existing Cyberknife.
4. N.C.G.S. 131E-184(f) states: *“The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) [sic, should be (22a)] if all of the following conditions are met:*
  - (1) ...
  - (2) ...
  - (3) *The licensed health service facility proposing to purchase the equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.”* (emphasis added)
5. No penalty will be assessed against Mission Hospital for failure to provide prior written notice to the Agency of the acquisition (via the execution of an enforceable contract) of the comparable new equipment to replace its existing Cyberknife.

**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

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

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

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Terrill Johnson Harris  
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It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination.

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

Sincerely,



Julie Halatek  
Project Analyst



Martha J. Frisone  
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

October 19, 2016



Martha Frisone, Assistant Chief of CON  
Julie Halatek, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Replacement Cyberknife  
SECU Cancer Center on Mission Hospital Campus  
FID #943349

Dear Martha and Julie:

We are writing on behalf of Mission Hospital, Inc. ("Mission") to give prior written notice that Mission plans to replace its existing Cyberknife with comparable new equipment pursuant to N.C. Gen. Stat. § 131E-184(f).

The Cyberknife is located in Mission's SECU Cancer Center on its main campus in Asheville. Attached as Exhibit A is a copy of Mission's 2016 License and License Renewal Application, showing that the SECU Cancer Center is licensed as part of Mission Hospital. Attached as Exhibit B is a copy of the Certificate of Need ("CON") issued to Mission authorizing it to consolidate all outpatient cancer services in a new building on the hospital campus, Project I.D. #B-7986-07. The main Mission campus is the location from which the inpatient hospital provides clinical patient services and exercises financial and administrative control over the licensed Mission Hospital. Jill Hoggard-Green, President of Mission Hospital, has her office located in the Memorial Building on the main Mission campus.

The Cyberknife currently in use is an Accuray Cyberknife G3. Mission acquired and installed the Cyberknife G3 pursuant to the CON issued for Project I.D. No. B-6993-04, dated September 24, 2004, authorizing the acquisition of the Cyberknife linear accelerator and construction of a linear accelerator vault, control room, and support space. A copy of the CON is attached as Exhibit C. The Cyberknife has been in use since 2005 and needs to be replaced because of its age and increasing maintenance challenges. Attached as Exhibit D is a letter from John G. Colletti, PhD, Lead Medical Physicist, Mission Hospital, confirming that the Cyberknife G3 is currently in use.

Martha Frisone, Assistant Chief of CON  
Julie Halatek, Project Analyst  
October 19, 2016  
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The existing Cyberknife G3 will be replaced with a new Accuray Cyberknife M6 F1+ System. The replacement Cyberknife has the same technology as the existing Cyberknife but with technological improvements. The replacement Cyberknife will be used for the same diagnostic and treatment purposes as the existing Cyberknife, and the replacement Cyberknife will not be used to provide a new health service. Enclosed as Exhibit E is a chart comparing the existing Cyberknife G3 with the replacement Cyberknife M6. A description of the replacement equipment is attached as part of Exhibit E. The cost of the replacement Cyberknife exceeds \$2,000,000. Minor construction and renovation will be needed to install the replacement Cyberknife. The cost of the construction and renovation is budgeted at \$647,000.

Attached as Exhibit F is an e-mail from Bethany Neigebauer, Associate AIA, Regional Project Manager for Accuray, confirming that the existing Cyberknife G3 will be removed by a third party, Legacy Transportation, and transported out of state for disposal.

We look forward to receiving your letter confirming that Mission's replacement of its existing Cyberknife is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(f) based on the information in this letter and the attached documentation. If you have any questions or need additional information, please let me know. We look forward to hearing from you as soon as possible.

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP



Terrill Johnson Harris

Enclosures  
cc: Brian Moore

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2016, this license is issued to  
Mission Hospital, Inc.*

*to operate a hospital known as  
Mission Hospital*

*located in Asheville, North Carolina, Buncombe County.*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

*Facility ID: 943349*

*License Number: H0036*

**Bed Capacity: 763**

*General Acute 701, Psych 62,*

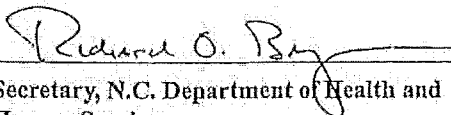
Dedicated Inpatient Surgical Operating Rooms: 8

Dedicated Ambulatory Surgical Operating Rooms: 9

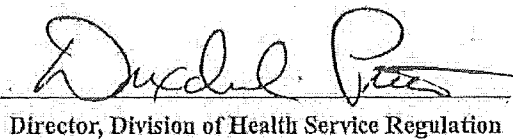
Shared Surgical Operating Rooms: 30

Dedicated Endoscopy Rooms: 6

Authorized by:

  
Secretary, N.C. Department of Health and  
Human Services



  
Director, Division of Health Service Regulation

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

FID #: 943349

PC LS

Date 1/7/16

License Fee:

\$14,302.50

2016  
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  
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: ~~Ronald Paulus~~ Bill HOGGARD - GREEN, RN PhD.

Title: CEO

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

Chief Executive Officer: Jill HOGGARD - GREEN Title: CEO

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

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

Name: BRIAN MOORE Telephone: 828 213 3509

E-Mail: BRIAN.MOORE@MST.ORG

PAID

CK NO. 791053

DATE 1-6-16

\$14,302.50

All responses should pertain to October 1, 2014 through September 30, 2015.

*For questions regarding this page, please contact Azzie Conley at (919) 855-4646.*

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

1) Please provide the main website address for the facility:

WWW.MISSION-HEALTH.ORG

2) In accordance with 131E-214.4(a) DHR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

WWW.MISSION-HEALTH.ORG/FINANCIAL-ASSISTANCE-PHP

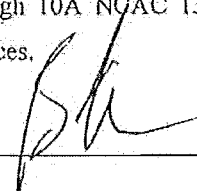
B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:  
 Feel free to email the copy of the facility's charity care policy to:  
DHHS.DHR.Hospital.CharityCare.Policy@dhhs.nc.gov.

ATTACHED

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(e))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
\$63,089,679	\$31,069,440	\$20,593,982	\$75,242

**AUTHENTICATING SIGNATURE:** this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: 

Date: 12/27/2015

PRINT NAME OF APPROVING OFFICIAL BRIAN MOORE

All responses should pertain to October 1, 2014 through September 30, 2015.

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

Primary National Provider Identifier (NPI) registered at NPPES 1881 626 075

If facility has more than one "Primary" NPI, please provide 1225060429, 1386826303  
1740417310

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

List Name(s) of facilities:	Address:	Type of Business / Service:
MISSION HOSPITAL	509 BILTMORE, ASHEVILLE NC	ACUTE CARE
ST. JOSEPHS	428 BILTMORE ASHEVILLE NC	ACUTE CARE
COPESTONE	428 BILTMORE ASHEVILLE NC	IMP PSYCHIATRY
MISSION CANCER CT	11 HOSPITAL DR ASHEVILLE NC	OPT CANCER
MISSION CHILDREN'S	2 MEDICAL PARKS ASHEVILLE, NC	PEDIATRIC OPT

Please attach a separate sheet for additional listings

SEE ATTACHED

**ITEMIZED CHARGES:** Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.  
 b. Patients are advised that such detailed statements are available upon request.



All responses should pertain to October 1, 2014 through September 30, 2015.

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 F. Danmore, President/CEO~~ Dr. HUGGARD GREEN, PRESIDENT & CEO

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

If 'Yes', name of Health System\*: MISSION HEALTH

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

If 'Yes', name of CEO: \_\_\_\_\_

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

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

If "YES", name of building owner: N/A

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

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

Name: \_\_\_\_\_  
Street/Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

3. Vice President of Nursing and Patient Care Services:

KAREN OLSEN, RN

4. Director of Planning:

PUBLIC POLICY & REGULATORY RELATIONS  
BRIAN MOORE

All responses should pertain to October 1, 2014 through September 30, 2015.

### Facility Data

- A. Reporting Period All responses should pertain to the period **October 1, 2014 to September 30, 2015**.
- 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 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	38,084	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	38,015	
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	499.6	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?	N/A	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	N/A	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	12,817	

C. Designation and Accreditation

1. Are you a designated trauma center?  Yes  No  
     Designated Level # 2
2. Are you a critical access hospital (CAH)?  Yes  No
3. Are you a long term care hospital (LTCH)?  Yes  No
4. Is this facility TJC accredited?  Yes  No Expiration Date: 8/30/16
5. Is this facility DNV accredited?  Yes  No Expiration Date: \_\_\_\_\_
6. Is this facility AOA accredited?  Yes  No Expiration Date: \_\_\_\_\_
7. Are you a Medicare deemed provider?  Yes  No

All responses should pertain to October 1, 2014 through September 30, 2015.

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

[Please provide a Beds by Service (p. 6) 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, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> <u>CUMULATIVE</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *	0	0	*
b. Cardiac	10	10	2,161
c. Cardiovascular Surgery	20	20	3,486
d. Medical/Surgical	28	28	8,281
e. Neonatal Beds Level IV ** (Not Normal Newborn)	51	51	** 14,132
f. Pediatric	23	23	1,837
g. Respiratory Pulmonary	0	0	
h. Other (List)	14	14	4,447
<i>Other Units</i>			
i. Gynecology	18	18	3,794
j. Medical/Surgical ***	312	312	*** 86,343
k. Neonatal Level III ** (Not Normal Newborn)	0	0	**
l. Neonatal Level II ** (Not Normal Newborn)	0	0	**
m. Obstetric (including LDRP)	34	34	10,487
n. Oncology	29	29	8,116
o. Orthopedics	68	68	8,618
p. Pediatric	26	26	3,507
q. Other (List) <u>SPINE, NEUROTRAUMA</u>	14	14	28,813
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>701</b>	<b>701</b>	<b>184,028</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	62	19,637
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>763</b>	<b>763</b>	<b>203,665</b>

\* 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, 2014 through September 30, 2015.

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

[Please provide a Beds by Service (p. 6) 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, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> <u>MISSION</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *	0	0	*
b. Cardiac	10	10	2,161
c. Cardiovascular Surgery	20	20	3,486
d. Medical/Surgical	14	14	4,532
e. Neonatal Beds Level IV ** (Not Normal Newborn)	51	51	** 14,132
f. Pediatric	23	23	1,837
g. Respiratory Pulmonary	0	0	0
h. Other (List)	14	14	4,447
<i>Other Units</i>			
i. Gynecology	18	18	3,794
j. Medical/Surgical ***	185	185	*** 52,527
k. Neonatal Level III ** (Not Normal Newborn)	0	0	**
l. Neonatal Level II ** (Not Normal Newborn)	0	0	**
m. Obstetric (including LDRP)	39	39	10,487
n. Oncology	0	0	
o. Orthopedics	68	68	8,618
p. Pediatric	26	26	3,504
q. Other (List)	68	68	28,813
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>531</b>	<b>531</b>	<b>138,341</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>593</b>	<b>531</b>	<b>138,341</b>

\* 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, 2014 through September 30, 2015.

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

[Please provide a Beds by Service (p. 6) 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, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
Campus <u>ST JOSEPH'S</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	14	14	3,749
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 ***	141	141	*** 33,822
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology	29	29	8,116
o. Orthopedics			
p. Pediatric			
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>170 701</b>	<b>170</b>	<b>45,687</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	62	19,637
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>232 763</b>	<b>232</b>	<b>65,324</b>

\* 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, 2014 through September 30, 2015.

**D. Beds by Service (Inpatient) *continued***

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	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. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	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. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	4,773	14,156	13,045	261	462
Medicare & Medicare Managed Care	95,931	32,028	191,242	6,269	8,097
Medicaid	41,006	23,725	62,534	1,937	2,842
Commercial Insurance	2,183	2,811	2,532	175	163
Managed Care	36,277	20,826	147,113	3,547	9,002
Other (Specify)	3,858	2,662	10,259	322	673
<b>TOTAL</b>	<b>184,028</b>	<b>96,208</b>	<b>426,725</b>	<b>12,917</b>	<b>21,239</b>

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	2,806
b. Live births (Cesarean Section)	1,299
c. Stillbirths	40

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	17
f. Delivery Rooms - LDRP (include Item "D.I.m" on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	35

**2. Abortion Services**

Number of procedures per Year 0  
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2014 (through September 30, 2015).

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: ~~96,208~~ 96,208
- c. Total Number of admits from the ED for reporting period: 22,155
- d. Total Number of Urgent Care visits for reporting period: 0
- 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>1</u>	<u>1</u>	<u>1246</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 7,776  
 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>2</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, 2014 through September 30, 2015.

7. Specialized Cardiac Services (for questions, call 855-3865 [Healthcare 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	1,491
4. Number of Procedures* Performed in Mobile Units	N/A	
	Electro-physiology ICD-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	1,262	

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

Name of Mobile Vendor: N/A

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

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	6
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	892
<b>Procedures on Patients Age 14 and younger</b>	
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, 2014 through September 30, 2015.

**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 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a-duplicate of pages 10 - 18 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
<b>Total of Surgical Operating Rooms</b>	<b>47</b>

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 surgical 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 surgical 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	2,553	3,356	3,498	4,136
Non-GI Endoscopy	0	0	0	0
<b>Totals</b>	<b>2,553</b>	<b>3,356</b>	<b>3,498</b>	<b>4,136</b>

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, 2014 through September 30, 2015.

(Campus – If multiple sites: MISSION HOSPITAL AND ASC)

**20 Most Common Outpatient Surgical Cases Table** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	305
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	142
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	471
42820	Tonsillectomy and adenoidectomy; younger than age 12	353
42830	Adenoidectomy, primary; younger than age 12	151
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	234
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	851
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	27
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	224
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	146
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	470
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	25
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	541
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	975
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	460
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	227
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	64
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	70
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	1,791
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	608

All responses should pertain to October 1, 2014 through September 30, 2015.

**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 26 and 27.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	394	18
Open Heart Surgery (from 7.(b) 4.)	892	
General Surgery	1,253	2,885
Neurosurgery	1,110	219
Obstetrics and GYN (excluding C-Sections)	254	1,985
Ophthalmology	2	2,685
Oral Surgery	31	161
Orthopedics	4,441	4,258
Otolaryngology	121	2,458
Plastic Surgery	21	526
Urology	304	1,658
Vascular	644	551
Other Surgeries (specify) <u>ONCOLOGY</u>	526	1,277
Other Surgeries (specify) <u>PODIATRY, HAND, TRAUMA</u>	1,284	2,057
Number of C-Section's Performed in Dedicated C-Section ORs	1,255	
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>12,517</b>	<b>21,239</b>

**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 10.

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)		
<b>Total Non-Surgical Cases</b>		

All responses should pertain to October 1, 2014 through September 30, 2015.

Imaging Procedures

(Campus – If multiple sites: ASC)

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	2
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71010	Radiologic examination, chest; single view, frontal	25
71020	Radiologic examination, chest; two views, frontal and lateral	4
71260	Computed tomography, thorax; with contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	3
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	
73030	Radiologic examination, shoulder; complete, minimum of two views	
73110	Radiologic examination, wrist; complete, minimum of three views	30
73130	Radiologic examination, hand; minimum of three views	20
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	1
73564	Radiologic examination, knee; complete, four or more views	5
73610	Radiologic examination, ankle; complete, minimum of three views	26
73630	Radiologic examination, foot; complete, minimum of three views	11
74000	Radiologic examination, abdomen; single anteroposterior view	
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: CUMULATIVE)

**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.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day} \\
 &\text{equals} \quad 36 \text{ hours per day total}
 \end{aligned}$$

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, 2014 through September 30, 2015.

**10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes**

Indicate 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:* MISSION

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o	0	2	2
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with	8	17	25
70544	MRA Head w/o	408	272	680
70545	MRA Head with contrast			
70546	MRA Head w/o & with	0	1	1
70547	MRA Neck w/o	13	3	16
70548	MRA Neck with contrast	2	4	6
70549	MRA Neck w/o & with	128	144	272
70551	MRI Brain w/o	1183	1459	2642
70552	MRI Brain with contrast	104	79	183
70553	MRI Brain w/o & with	990	794	1384
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o	0	4	4
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with	4	4	8
71555	MRA Chest with OR without contrast	4	67	71
72141	MRI Cervical Spine w/o	289	352	641
72142	MRI Cervical Spine with contrast	2	0	2
72156	MRI Cervical Spine w/o & with	86	102	188
72146	MRI Thoracic Spine w/o	114	141	255
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	83	90	173
72148	MRI Lumbar Spine w/o	234	571	805
72149	MRI Lumbar Spine with contrast	2	4	6
72158	MRI Lumbar Spine w/o & with	153	255	408
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	19	49	68
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	46	100	146
72198	MRA Pelvis w/o OR with contrast	2	2	4
73218	MRI Upper Ext, other than joint w/o	4	7	11
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		3478	4523	8,001



All responses should pertain to October 1, 2014 through September 30, 2015.

**10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes**

Indicate 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. JOSEPHS

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with	1	0	1
70544	MRA Head w/o	21	35	56
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast	0	4	4
70549	MRA Neck w/o & with	6	7	13
70551	MRI Brain w/o	196	91	287
70552	MRI Brain with contrast	4	11	15
70553	MRI Brain w/o & with	209	334	543
70554	MR functional imaging, w/o physician admin	0	1	1
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast	1	0	1
72141	MRI Cervical Spine w/o	17	515	532
72142	MRI Cervical Spine with contrast	0	1	1
72156	MRI Cervical Spine w/o & with	30	82	112
72146	MRI Thoracic Spine w/o	22	132	154
72147	MRI Thoracic Spine with contrast	0	1	1
72157	MRI Thoracic Spine w/o & with	35	56	91
72148	MRI Lumbar Spine w/o	53	911	964
72149	MRI Lumbar Spine with contrast	0	4	4
72158	MRI Lumbar Spine w/o & with	58	534	592
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	6	51	57
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	25	8	33
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o	3	1	4
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		687	2,779	3,466





All responses should pertain to October 1, 2014 through September 30, 2015.

**10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)**

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	
2,296	2,756	5,052	3,145	5,049	8,194	13,246

\* 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.

\*\* Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

**10c. Fixed MRI**

Indicate the number of MRI scanners (units) operated 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: \_\_\_\_\_

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	7
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	7

**10d. Mobile MRI**

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

Mobile Procedures	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	
Scans on mobile MRI performed only at this site							0

\* 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.

All responses should pertain to October 1, 2014 through September 30, 2015.

Name of Mobile Provider: NIA

**10e. Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. 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 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	
Other Human Research MRI scanners	Ø							
Intraoperative MRI (iMRI)	Ø							

\* 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.

**10f. 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 NIA

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	12,929	X	1.00	=	12,929
2	Head with contrast	55	X	1.25	=	69
3	Head without and with contrast	199	X	1.75	=	348
4	Body without contrast	20,131	X	1.50	=	30,197
5	Body with contrast	12,529	X	1.75	=	21,926
6	Body without contrast and with contrast	1,457	X	2.75	=	4,007
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abseess drainage in addition to body scan with or without contrast		X	4.00	=	

All responses should pertain to October 1, 2014 through September 30, 2015.

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

	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	=	

10g. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	70	11,151	11,221
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	14	9682	12,596	22,278
Mammography equipment	1	13	53,935	53,948
Bone Density Equipment	1		418	418
Fixed X-ray Equipment (excluding fluoroscopic)	8	84,282	64,103	148,385
Fixed Fluoroscopic X-ray Equipment	5	5,000	5684	10,684
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	4	877	1524	2401
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

\* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.

10h. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	1	2	257	259
Mobile				

Lithotripsy Vendor/Owner:  
GE HEALTHCARE

All responses should pertain to October 1, 2014 through September 30, 2015.

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

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	54
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	3
77406	Radiation treatment delivery (>=20 MeV)	
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	2
77408	Radiation treatment delivery (6-10 MeV)	32
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	8191
77413	Radiation treatment delivery (6-10 MeV)	1379
77414	Radiation treatment delivery (11-19 MeV)	1621
77416	Radiation treatment delivery (>= 20 MeV)	
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	1180
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	88
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	430
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
<b>Imaging Procedures Not Included Above</b>		
77417	Additional field check radiographs	1,706
<b>Total Procedures – Linear Accelerators</b>		<b>14,680</b>
<b>Gamma Knife® Procedures</b>		
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®)	
<b>Total Procedures – Gamma Knife®</b>		<b>Ø</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

**11. Linear Accelerator Treatment Data *continued***

a. Number of <u>patients</u> 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 <u>1,492</u> (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)	
b. Linear Accelerators	
1. TOTAL number of Linear Accelerator(s) <u>3</u>	
2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery <u>0</u>	
3. Of the TOTAL number above, Number of CyberKnife® Systems: <u>1</u>	
Other specialized linear accelerators _____	Identify Manufacturer of Equipment _____
c. Number of Gamma Knife® units _____	
d. Number of <u>treatment</u> 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))) <u>1</u>	

**12. Telemedicine**

- a. Does your facility utilize telemedicine to have images read at another facility? YES
- b. Does your facility read telemedicine images? YES

**13. Additional Services:**

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	✓	5. Rehabilitation Outpatient Unit	✓
2. Chemotherapy	✓	6. Podiatric Services	✓
3. Clinical Psychology Services	✓	7. Genetic Counseling Service	✓
4. Dental Services	✓	8. Number of Acute Dialysis Stations	<u>10</u>



All responses should pertain to October 1, 2014 through September 30, 2015.

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					
		< 6	6-12	13-17	Total 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					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders		8			17	45	62

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All responses should pertain to October 1, 2014 through September 30, 2015.

13. Additional Services: continued *N/A*

c) Mental Health and Substance Abuse continued

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 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					
		< 6	6-12	13-17	Total 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, 2014 through September 30, 2015.

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	5	37. Gates	0	73. Person	1
2. Alexander	9	38. Graham	270	74. Pitt	6
3. Alleghany	1	39. Granville	1	75. Polk	302
4. Anson	6	40. Greene	0	76. Randolph	10
5. Ashe	4	41. Guilford	15	77. Richmond	0
6. Avery	170	42. Halifax	1	78. Robeson	2
7. Beaufort	0	43. Harnett	1	79. Rockingham	1
8. Bertie	1	44. Haywood	2627	80. Rowan	9
9. Bladen	0	45. Henderson	3,274	81. Rutherford	750
10. Brunswick	5	46. Hertford	0	82. Sampson	3
11. Buncombe	17,954	47. Hoke	0	83. Scotland	2
12. Burke	538	48. Hyde	1	84. Stanly	4
13. Cabarrus	5	49. Iredell	8	85. Stokes	1
14. Caldwell	95	50. Jackson	1,079	86. Surry	3
15. Camden	0	51. Johnston	4	87. Swain	845
16. Carteret	0	52. Jones	1	88. Transylvania	1318
17. Caswell	0	53. Lee	1	89. Tyrrell	0
18. Catawba	43	54. Lenoir	1	90. Union	5
19. Chatham	2	55. Lincoln	13	91. Vance	1
20. Cherokee	489	56. Macon	1,077	92. Wake	28
21. Chowan	1	57. Madison	1,625	93. Warren	0
22. Clay	155	58. Martin	1	94. Washington	0
23. Cleveland	57	59. McDowell	2,076	95. Watauga	29
24. Columbus	2	60. Mecklenburg	37	96. Wayne	0
25. Craven	2	61. Mitchell	697	97. Wilkes	5
26. Cumberland	8	62. Montgomery	0	98. Wilson	1
27. Currituck	0	63. Moore	6	99. Yadkin	1
28. Dare	0	64. Nash	2	100. Yancey	1,205
29. Davidson	8	65. New Hanover	6		
30. Davie	1	66. Northampton	0	101. Georgia	156
31. Duplin	0	67. Onslow	4	102. South Carolina	212
32. Durham	10	68. Orange	2	103. Tennessee	137
33. Edgecombe	0	69. Pamlico	0	104. Virginia	28
34. Forsyth	18	70. Pasquotank	1	105. Other States	551
35. Franklin	0	71. Pender	2	106. Other	12
36. Gaston	19	72. Perquimans	0	Total No. of Patients	38,084

All responses should pertain to October 1, 2014 through September 30, 2015.

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 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates	0	73. Person	0
2. Alexander	4	38. Graham	92	74. Pitt	3
3. Alleghany	0	39. Granville	0	75. Polk	114
4. Anson	0	40. Greene	0	76. Randolph	1
5. Ashe	3	41. Guilford	2	77. Richmond	0
6. Avery	68	42. Halifax	0	78. Robeson	1
7. Beaufort	0	43. Harnett	0	79. Rockingham	1
8. Bertie	0	44. Haywood	953	80. Rowan	4
9. Bladen	0	45. Henderson	6,229	81. Rutherford	312
10. Brunswick	3	46. Hertford	0	82. Sampson	0
11. Buncombe	5,226	47. Hoke	0	83. Scotland	1
12. Burke	270	48. Hyde	1	84. Stanly	1
13. Cabarrus	0	49. Iredell	4	85. Stokes	0
14. Caldwell	48	50. Jackson	377	86. Surry	0
15. Camden	0	51. Johnston	0	87. Swain	288
16. Carteret	0	52. Jones	0	88. Transylvania	483
17. Caswell	0	53. Lee	0	89. Tyrrell	0
18. Catawba	24	54. Lenoir	0	90. Union	2
19. Chatham	0	55. Lincoln	9	91. Vance	0
20. Cherokee	175	56. Macon	446	92. Wake	4
21. Chowan	0	57. Madison	482	93. Warren	0
22. Clay	53	58. Martin	1	94. Washington	0
23. Cleveland	25	59. McDowell	757	95. Watauga	16
24. Columbus	2	60. Mecklenburg	7	96. Wayne	0
25. Craven	1	61. Mitchell	264	97. Wilkes	0
26. Cumberland	2	62. Montgomery	0	98. Wilson	0
27. Currituck	0	63. Moore	1	99. Yadkin	0
28. Dare	0	64. Nash	1	100. Yancey	390
29. Davidson	2	65. New Hanover	1		
30. Davie	0	66. Northampton	0	101. Georgia	51
31. Duplin	0	67. Onslow	2	102. South Carolina	70
32. Durham	2	68. Orange	1	103. Tennessee	72
33. Edgecombe	0	69. Pamlico	0	104. Virginia	14
34. Forsyth	4	70. Pasquotank	1	105. Other States	146
35. Franklin	0	71. Pender	1	106. Other	2
36. Gaston	2	72. Perquimans	0	Total No. of Patients	12,517

All responses should pertain to October 1, 2014 through September 30, 2015.

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 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	0	37. Gates	0	73. Person	1
2. Alexander	3	38. Graham	100	74. Pitt	1
3. Alleghany	0	39. Granville	1	75. Polk	191
4. Anson	0	40. Greene	0	76. Randolph	1
5. Ashe	10	41. Guilford	8	77. Richmond	0
6. Avery	94	42. Halifax	2	78. Robeson	1
7. Beaufort	0	43. Harnett	0	79. Rockingham	0
8. Bertie	0	44. Haywood	1,475	80. Rowan	1
9. Bladen	0	45. Henderson	2,083	81. Rutherford	380
10. Brunswick	0	46. Hertford	0	82. Sampson	0
11. Buncombe	10,463	47. Hoke	0	83. Scotland	1
12. Burke	297	48. Hyde	0	84. Stanly	0
13. Cabarrus	2	49. Iredell	8	85. Stokes	0
14. Caldwell	52	50. Jackson	520	86. Surry	2
15. Camden	0	51. Johnston	1	87. Swain	326
16. Carteret	0	52. Jones	0	88. Transylvania	672
17. Caswell	0	53. Lee	1	89. Tyrrell	0
18. Catawba	39	54. Lenoir	0	90. Union	3
19. Chatham	0	55. Lincoln	5	91. Vance	0
20. Cherokee	216	56. Macon	421	92. Wake	8
21. Chowan	0	57. Madison	1,016	93. Warren	0
22. Clay	67	58. Martin	0	94. Washington	0
23. Cleveland	32	59. McDowell	1,142	95. Watauga	23
24. Columbus	1	60. Mecklenburg	10	96. Wayne	0
25. Craven	0	61. Mitchell	490	97. Wilkes	7
26. Cumberland	4	62. Montgomery	0	98. Wilson	0
27. Currituck	0	63. Moore	0	99. Yadkin	0
28. Dare	0	64. Nash	0	100. Yancey	689
29. Davidson	1	65. New Hanover	3		
30. Davie	1	66. Northampton	0	101. Georgia	55
31. Duplin	0	67. Onslow	0	102. South Carolina	97
32. Durham	2	68. Orange	4	103. Tennessee	74
33. Edgecombe	0	69. Pamlico	0	104. Virginia	24
34. Forsyth	4	70. Pasquotank	0	105. Other States	123
35. Franklin	0	71. Pender	1	106. Other	3
36. Gaston	11	72. Perquimans	0	Total No. of Patients	21,239

All responses should pertain to October 1, 2014 through September 30, 2015.

**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 10 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates	0	73. Person	0
2. Alexander	2	38. Graham	38	74. Pitt	0
3. Alleghany	0	39. Granville	0	75. Polk	49
4. Anson	0	40. Greene	0	76. Randolph	0
5. Ashe	0	41. Guilford	2	77. Richmond	0
6. Avery	27	42. Halifax	0	78. Robeson	0
7. Beaufort	0	43. Harnett	0	79. Rockingham	0
8. Bertie	0	44. Haywood	348	80. Rowan	1
9. Bladen	0	45. Henderson	442	81. Rutherford	105
10. Brunswick	1	46. Hertford	0	82. Sampson	0
11. Buncombe	3,056	47. Hoke	0	83. Scotland	0
12. Burke	86	48. Hyde	0	84. Stanly	0
13. Cabarrus	0	49. Iredell	1	85. Stokes	0
14. Caldwell	15	50. Jackson	146	86. Surry	1
15. Camden	0	51. Johnston	1	87. Swain	87
16. Carteret	0	52. Jones	0	88. Transylvania	158
17. Caswell	0	53. Lee	0	89. Tyrrell	0
18. Catawba	5	54. Lenoir	1	90. Union	0
19. Chatham	0	55. Lincoln	1	91. Vance	0
20. Cherokee	64	56. Macon	140	92. Wake	0
21. Chowan	0	57. Madison	259	93. Warren	0
22. Clay	24	58. Martin	0	94. Washington	0
23. Cleveland	10	59. McDowell	349	95. Watauga	2
24. Columbus	0	60. Mecklenburg	0	96. Wayne	0
25. Craven	0	61. Mitchell	153	97. Wilkes	0
26. Cumberland	1	62. Montgomery	0	98. Wilson	0
27. Currituck	0	63. Moore	0	99. Yadkin	0
28. Dare	0	64. Nash	0	100. Yancey	207
29. Davidson	1	65. New Hanover	0		
30. Davie	0	66. Northampton	0	101. Georgia	15
31. Duplin	0	67. Onslow	1	102. South Carolina	29
32. Durham	1	68. Orange	1	103. Tennessee	23
33. Edgecombe	0	69. Pamlico	0	104. Virginia	4
34. Forsyth	3	70. Pasquotank	0	105. Other States	49
35. Franklin	0	71. Pender	0	106. Other	
36. Gaston	3	72. Perquimans	0	Total No. of Patients	5,909

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin - Psychiatric and Substance Abuse

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				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance		1			1					
2. Alexander		2			2					
3. Alleghany		2			2					
4. Anson										
5. Ashe		2	2		4					
6. Avery		1	1	1	3					
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick				2	2					
11. Buncombe		689	180	1226	1469					
12. Burke		9	2	17	28					
13. Cabarrus										
14. Caldwell		3	1		4					
15. Camden										
16. Carteret			1		1					
17. Caswell										
18. Catawba		5	4	4	13					
19. Chatham			1	1	2					
20. Cherokee		4	4	7	15					
21. Chowan										
22. Clay				1	1					
23. Cleveland		1	4	3	8					
24. Columbus										
25. Craven				2	2					
26. Cumberland				1	1					
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin				1	1					
32. Durham				1	1					
33. Edgecombe				1	1					
34. Forsyth				5	5					
35. Franklin										
36. Gaston		1	2		3					
37. Gates										
38. Graham		1	2	4	7					
39. Granville										
40. Greene										
41. Guilford										
42. Halifax			1	5	6					
43. Harnett										

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood		11	17	30	58					
45. Henderson	2	25	30	60	117					
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell		4	1	2	7					
50. Jackson		1	4	11	16					
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln			1		1					
56. Macon		6	8	12	26					
57. Madison	2	10	18	64	94					
58. Martin			1		1					
59. McDowell		7	17	50	74					
60. Mecklenburg		5	4	10	19					
61. Mitchell		1		17	18					
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow				2	2					
68. Orange			1		1					
69. Pamlico										
70. Pasquotank				2	2					
71. Pender										
72. Perquimans										
73. Person										
74. Pitt				1	1					
75. Polk		1	2	7	10					
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan			1		1					
81. Rutherford	1	8	4	8	21					
82. Sampson										
83. Scotland										
84. Stanly		1			1					
85. Stokes										
86. Surry		1	1		2					
87. Swain		6	2	5	13					
88. Transylvania		5	15	26	46					
89. Tyrrell										
90. Union			2	1	3					
91. Vance										
92. Wake				2	2					

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga			5	1	6					
96. Wayne										
97. Wilkes	1	2	1	2	6					
98. Wilson										
99. Yadkin										
100. Yancey		9	7	40	56					
101. Out of State		1	8	73	82					
<b>TOTAL</b>										

N/A

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		3	8	30	43
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

Continued on next page



N/A

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

Continued on next page

N/A

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Watauga					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
<b>TOTAL</b>					

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient 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 16.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	4	38. Graham	82	74. Pitt	2
3. Alleghany	1	39. Granville		75. Polk	98
4. Anson		40. Greene		76. Randolph	1
5. Ashe	5	41. Guilford	1	77. Richmond	
6. Avery	50	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood	724	80. Rowan	2
9. Bladen		45. Henderson	1,019	81. Rutherford	246
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	5,197	47. Hoke		83. Scotland	
12. Burke	161	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	1	85. Stokes	
14. Caldwell	28	50. Jackson	267	86. Surry	1
15. Camden		51. Johnston		87. Swain	212
16. Carteret		52. Jones		88. Transylvania	329
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	20	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	5	91. Vance	
20. Cherokee	96	56. Macon	227	92. Wake	8
21. Chowan		57. Madison	540	93. Warren	
22. Clay	41	58. Martin		94. Washington	
23. Cleveland	21	59. McDowell	542	95. Watauga	10
24. Columbus		60. Mecklenburg	14	96. Wayne	
25. Craven	3	61. Mitchell	144	97. Wilkes	2
26. Cumberland	2	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	284
29. Davidson	2	65. New Hanover	3		
30. Davie		66. Northampton		101. Georgia	34
31. Duplin	1	67. Onslow	2	102. South Carolina	57
32. Durham		68. Orange	2	103. Tennessee	46
33. Edgecombe		69. Pamlico		104. Virginia	8
34. Forsyth	1	70. Pasquotank		105. Other States	144
35. Franklin		71. Pender	6	106. Other	4
36. Gaston	7	72. Perquimans		Total No. of Patients	10,715

Are mobile MRI services currently provided at your hospital? Yes \_\_\_\_\_ No X

All responses should pertain to October 1, 2014 through September 30, 2015.

**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. on page 21 of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	4	74. Pitt	
3. Alleghany		39. Granville		75. Polk	7
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	8	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	110	80. Rowan	
9. Bladen		45. Henderson	180	81. Rutherford	15
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	870	47. Hoke		83. Scotland	
12. Burke	13	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	2	50. Jackson	20	86. Surry	
15. Camden		51. Johnston		87. Swain	13
16. Carteret		52. Jones		88. Transylvania	20
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	4	56. Macon	28	92. Wake	4
21. Chowan		57. Madison	58	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland		59. McDowell	33	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	27	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	69
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1492

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient 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 19.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham	13	74. Pitt	
3. Alleghany		39. Granville		75. Polk	14
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	9	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	144	80. Rowan	
9. Bladen		45. Henderson	197	81. Rutherford	25
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	820	47. Hoke		83. Scotland	
12. Burke	21	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	2	50. Jackson	43	86. Surry	
15. Camden		51. Johnston		87. Swain	24
16. Carteret		52. Jones		88. Transylvania	125
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	2	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee	27	56. Macon	74	92. Wake	
21. Chowan		57. Madison	95	93. Warren	
22. Clay	9	58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	150	95. Watauga	2
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	65	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			
30. Davie		66. Northampton		101. Georgia	4
31. Duplin		67. Onslow		102. South Carolina	7
32. Durham		68. Orange		103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	13
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1982

All responses should pertain to October 1, 2014 through September 30, 2015.

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 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	29	37. Gates		73. Person	7
2. Alexander	18	38. Graham	187	74. Pitt	19
3. Alleghany	3	39. Granville	6	75. Polk	315
4. Anson		40. Greene	0	76. Randolph	38
5. Ashe	3	41. Guilford	119	77. Richmond	5
6. Avery	114	42. Halifax	4	78. Robeson	8
7. Beaufort	1	43. Harnett	10	79. Rockingham	8
8. Bertie	1	44. Haywood	3940	80. Rowan	28
9. Bladen	1	45. Henderson	4439	81. Rutherford	583
10. Brunswick	16	46. Hertford		82. Sampson	4
11. Buncombe	6696	47. Hoke	2	83. Scotland	4
12. Burke	480	48. Hyde	1	84. Stanly	9
13. Cabarrus	33	49. Iredell	41	85. Stokes	6
14. Caldwell	75	50. Jackson	228	86. Surry	10
15. Camden		51. Johnston	20	87. Swain	486
16. Carteret	11	52. Jones	1	88. Transylvania	929
17. Caswell		53. Lee	5	89. Tyrrell	1
18. Catawba	98	54. Lenoir	4	90. Union	52
19. Chatham	29	55. Lincoln	34	91. Vance	3
20. Cherokee	250	56. Macon	504	92. Wake	172
21. Chowan	1	57. Madison	5366	93. Warren	0
22. Clay	75	58. Martin	2	94. Washington	0
23. Cleveland	92	59. McDowell	2189	95. Watauga	38
24. Columbus	6	60. Mecklenburg	239	96. Wayne	1
25. Craven	13	61. Mitchell	562	97. Wilkes	29
26. Cumberland	21	62. Montgomery	0	98. Wilson	11
27. Currituck	2	63. Moore	36	99. Yadkin	7
28. Dare	11	64. Nash	11	100. Yancey	2196
29. Davidson	43	65. New Hanover	42		
30. Davie	12	66. Northampton	1	101. Georgia	391
31. Duplin	11	67. Onslow	20	102. South Carolina	646
32. Durham	36	68. Orange	35	103. Tennessee	421
33. Edgecombe	4	69. Pamlico	1	104. Virginia	195
34. Forsyth	74	70. Pasquotank	7	105. Other States	2,336
35. Franklin	4	71. Pender	6	106. Other	77
36. Gaston	80	72. Perquimans	0	Total No. of Patients	96,208

2016 Renewal Application for Hospital:  
Mission Hospital and Asheville Surgery Center

License No: H0036  
Facility ID: 943349

All responses should pertain to October 1, 2014 through September 30, 2015

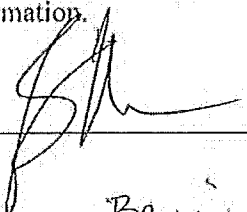
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This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



12/27/2015

PRINT NAME  
OF APPROVING OFFICIAL \_\_\_\_\_

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.

Exhibit B

STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

Project Identification Number # B-7986-07  
FID# 943349

ISSUED TO: Mission Hospitals, Inc.  
509 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:** Develop a six-level outpatient cancer center on the hospital campus to consolidate existing services, including PET-CT, radiation therapy, outpatient infusion, pediatric/adolescent oncology, the Cancer Registry, the Breast Program, laboratory and pharmacy, and replace one existing linear accelerator and one existing CT simulator/ Buncombe County

**CONDITIONS:** See Reverse Side

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

**MAXIMUM CAPITAL EXPENDITURE:** \$53,204,741

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 15, 2009

This certificate is effective as of the 17<sup>th</sup> day of July, 2008

*Lee B. Hoffmann by CRGAC*  
Chief, Certificate of Need Section  
Division of Health Service Regulation



CONDITIONS:

1. Mission Hospitals, Inc. shall materially comply with all representations made in its certificate of need application.
2. Mission Hospitals, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Mission Hospitals, Inc. shall dispose of the existing linear accelerator and CT simulator that are being replaced when the replacement equipment is fully operational.
4. Prior to issuance of the certificate of need, Mission Hospitals, Inc. shall submit to the Certificate of Need Section revised letters, documenting the availability of funds for the \$35,024,207 bond issue and the \$9,657,000 tax exempt lease.
5. Mission Hospitals, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on May 5, 2008.

TIMETABLE:

Approval of final drawings -----	October 1, 2008
Contract award -----	April 1, 2009
50% Completion of construction -----	February 1, 2010
75% Completion of construction -----	July 1, 2010
Completion of construction -----	December 1, 2010
Order Equipment -----	April 1, 2010
Operation of equipment/occupancy -----	March 1, 2011

Exhibit C

**STATE OF NORTH CAROLINA**  
Department of Health and Human Services  
Division of Facility Services

**CERTIFICATE OF NEED**

for

**Project Identification Number B-6993-04**  
**FID# 943349**

**ISSUED TO:** Mission Hospitals, Inc.  
509 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 Hospitals/Acquire a CyberKnife linear accelerator to provide stereotactic radiosurgery and construct a linear accelerator vault, control room and support space near the hospital's Radiation Oncology Department/Buncombe County

**CONDITIONS:** See Reverse Side

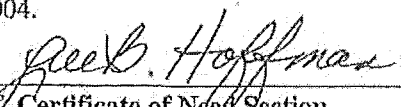
**PHYSICAL LOCATION:** Mission Hospitals, Inc.  
509 Biltmore Avenue, Asheville, NC 28801

**MAXIMUM CAPITAL EXPENDITURE:** \$4,777,572

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 15, 2005

This certificate is effective as of the 24th day of September, 2004.

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

**CONDITIONS:**

1. Mission Hospitals, Inc. shall materially comply with all representations made in the Certificate of Need application for Project I.D.# B-6993-04, and the supplemental information it submitted to the Certificate of Need Section on September 15, 2004. In those instances in which any of these representations in these documents conflict, Mission Hospitals, Inc. shall materially comply with the latter-made representation.
2. Mission Hospitals, Inc. shall acquire one CyberKnife linear accelerator and construct a new vault, control room and support space near the Radiation Oncology Department of the hospital.
3. Mission Hospitals, Inc. shall not acquire, as part of the project, any other equipment that is not included in the project's proposed capital expenditure in Section VIII of the application that would otherwise require a certificate of need.

**TIMETABLE:**

Contract Awarded _____	March 15, 2005
Ordering Equipment _____	March 1, 2005
Completion of Construction _____	September 15, 2005
Operation of Equipment _____	October 1, 2005
Occupancy/Offering of Service _____	October 1, 2005



October 10, 2016

Martha Frisone, Assistant Chief of CON  
Julie Halatek, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, 27699-2704

Re: Replacement Cyberknife at Mission Hospital

Dear Ms. Frisone and Ms. Halatek:

I am writing on behalf of Mission Hospital and the SECU Cancer Center to confirm that its Accuray G3 cyberknife is currently in use. If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "John G. Coletti".

John G. Coletti, PhD  
Lead Medical Physicist  
Mission Hospital  
SECU Cancer Center  
21 Hospital Drive  
Asheville, NC 28801  
828-213-0100 phone  
828-213-0103 fax

Mission Health System

Exhibit E

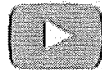
SECU Cancer Center  
Information for Exemption for Replacement Equipment

EQUIPMENT COMPARISON	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	Cyberknife G3	Cyberknife M6 F1+ System
Manufacturer of Equipment	Accuray	Accuray
Model Number	G3	M6
Serial Number	C0068	To be determined
Provider's Method of Identifying Equipment	Same as above	To be determined
Specify if Mobile or Fixed	Fixed	Fixed
Date of Acquisition of Each Component	October 5, 2004	December 2016
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Title
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	\$4,777,572 (approved capital expenditure)	\$3,129,000.00
Total Cost of Equipment	Information not available	\$2,375,000.00
Fair Market Value of Equipment	Information not available	\$2,375,000.00
Net Purchase Price of Equipment	Information not available	\$2,375,000.00
Locations Where Operated	SECU Cancer Center	SECU Cancer Center
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	NA
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	NA
Type of Procedures Currently Performed on Existing Equipment	Stereotactic radiosurgery and stereotactic body radiotherapy	NA
Type of Procedures New Equipment is Capable of Performing	NA	Stereotactic radiosurgery and stereotactic body radiotherapy; Cranial SRS, Extra-Cranial SBRT (lung, prostate, spine, adrenal gland, liver, etc.); Synchrony fiducial lung tumor tracking, Synchrony non-fiducial lung tumor tracking.

Search

## CyberKnife M6 Series

Accuray's CyberKnife M6 Series



The CyberKnife System, the premier solution for full-body robotic radiosurgery, *now* extends its accuracy and precision to radiation therapy – *allowing you the freedom to choose the very best treatment for each of your patients, with confidence and without compromise.*

The CyberKnife® M6™ Series has the capabilities and efficiency required for every radiation oncology practice – for the treatments accepted today, as well as setting a foundation for those of tomorrow. It is the only truly robotic system in the market, developed to meet the evolving needs of the most demanding radiation oncology programs.

### Benefits of the CyberKnife M6 Series:

- Unmatched clinical excellence
- Patient focused design
- Capabilities to treat more patients and expand practice

With the new InCise™ Multileaf Collimator (optional on the FI version), the CyberKnife M6 Series is the only clinical solution to combine the benefits of the Multileaf Collimator (MLC) beam shaping with continual image guidance and non-isocentric, non-coplanar treatment delivery. Precisely sculpting dose to spare healthy tissue while maintaining sub-millimeter accuracy – even for targets that move during respiration – the CyberKnife M6 Series is the clinical solution you require when accuracy, flexibility, and efficiency are essential.

Created to make personalized treatments an option for your patients, the CyberKnife M6 Series offers a comprehensive set of clinical features. Indication-specific tumor tracking with automatic correction throughout treatment, true robotic mobility, and advanced collimation integrate seamlessly into the only system to automatically stay on target despite patient and tumor motion. It enables you to treat tumors anywhere in the body with confidence and without compromise.

Designed with the patient in mind, the CyberKnife M6 Series enhances patient comfort and improves the patient experience in a number of ways:

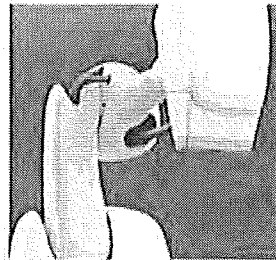
- Soothing environmental elements
- Easy and efficient treatment
- Frameless and non-invasive
- Uniquely personalized treatments

The CyberKnife M6 Series introduces clinical capabilities not possible with other treatment systems. With the flexibility of the InCise™ Multileaf Collimator and robotic delivery, tumors previously thought untreatable with radiosurgery and SBRT can now be treated efficiently and with unrivaled accuracy and tissue sparing. You have the freedom to choose the very best treatment for each of your patients, expanding the field of radiosurgery with unmatched possibilities.

The CyberKnife M6 Series is available in three configurations\*:

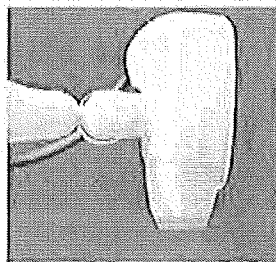
**The CyberKnife M6 FIM System** – Unmatched possibilities in full body robotic radiosurgery and radiation therapy

- Advanced system geometry
- Enhanced design
- Fixed collimators
- Iris™ Variable Aperture Collimator
- InCise™ Multileaf Collimator
- CNS clinical package
- Prostate clinical package
- Lung and prone clinical package
- Clinical efficiency package



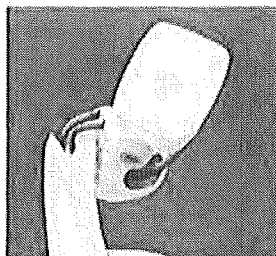
**The CyberKnife M6 FM System** – Advanced full-body robotic radiosurgery with added flexibility and efficiency

- Advanced system geometry
- Enhanced design
- Fixed collimators
- InCise Multileaf Collimator
- CNS clinical package



**The CyberKnife M6 FI System** – The premier solution for full-body robotic radiosurgery

- Advanced system geometry
- Enhanced design
- Fixed collimators
- Iris Variable Aperture Collimator
- CNS clinical package



\* Not all configurations are available in certain countries

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Most side effects of radiotherapy, including radiotherapy delivered with Accuray systems, are mild and temporary, often involving fatigue, nausea, and skin irritation. Side effects can be severe, however, leading to pain, alterations in normal body functions (for example, urinary or salivary function), deterioration of quality of life, permanent injury and even death.

Side effects can occur during or shortly after radiation treatment or in the months and years following radiation.

The nature and severity of side effects depend on many factors, including the size and location of the treated tumor, the treatment technique (for example, the radiation dose), the patient's general medical condition, to name a few. For more details about the side effects of your radiation therapy, and if treatment with an Accuray product is right for you, ask your doctor.



Exhibit F

From: Bethany Neigebauer  
Sent: Wednesday, September 28, 2016 10:17 AM  
To: 'Barbara Wagner' <Barbara.Wagner@msj.org>  
Cc: Bob Vogt <bvogt@accuray.com>; Steve Weber <sweber@accuray.com>; 'Jordaz@legacytsi.com'  
<Jordaz@legacytsi.com>  
Subject: RE: SECU CC-CK- Equipment removal

Morning Barbara,

The sales agreement between Accuray and Mission Health details the contractual obligations for the trade-in/trade-up of your current CyberKnife G3 for the CyberKnife M6. Section A, under the title "Trade-In System", attests that Accuray will be removing the system within 60 days following acceptance. This removal of the existing CyberKnife will be completed by our third party partner, Legacy Transportation, who will typically return the system to their facility in San Jose, CA or ours in Madison, WI. I don't know the future plan for the system regarding it being used for parts but I have CC'ed additional Accuray team members who may be able to provide more information.

Best,

Bethany Neigebauer, Associate AIA, LEED Green Associate  
Regional Project Manager

Accuray Incorporated  
1240 Deming Way  
Madison, WI 53717  
USA

Cell: +1.408.368.7946

[bneigebauer@accuray.com](mailto:bneigebauer@accuray.com)

 ACCURAY

