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PETITION

TO: North Carolina Division of Health Service Regulation
Medical Facilities Planning Section

FROM: Thomas & Brooks, PLLC

RE: Petition for Adjustment to Need Determination

DATE: July 30, 2008

DFS Health Planning
RECEIVED

JUL 30 2008

Medical Facilities
PLANNING SECTION

Thomas & Brooks, PLLC, hereby makes this Petition requesting an adjustment to the need determination in the Proposed 2009 State Medical Facilities Plan for linear accelerators for Service Area 20, which is comprised of Wake, Franklin and Harnett Counties.

Petitioner, Thomas & Brooks, PLLC, makes this petition by and through its members Joy Heath Thomas and James Tyler Brooks. Their contact information is as follows:

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3737 Glenwood Avenue, Suite 100
Raleigh, North Carolina 27612
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- (1) There is a linear accelerator in Harnett County, North Carolina which is not included in the Proposed 2009 SMFP inventory for Service Area 20. This linear accelerator is located at Betsy Johnson Regional Hospital. On page 15 of Betsy Johnson's 2008 Hospital License Renewal Application (attached hereto), the hospital identifies one linear accelerator.
- (2) There is a linear accelerator in Franklin County, North Carolina which is not included in the Proposed 2009 SMFP inventory for Service Area 20. This linear accelerator is owned and/or operated under the auspices of Franklin County Cancer Center (a/k/a Franklin Regional Medical Center; Franklin Regional Cancer Treatment Center; Dr. McLaurin). Evidence of the existence of this linear accelerator is attached hereto.

Based on the foregoing, Petitioner requests that the inventory of linear accelerators be adjusted from a total of eight (8) linear accelerators to an accurate total of ten (10) linear accelerators in Service Area 20. Petitioner stands prepared to provide any additional information to the Planning staff as deemed necessary to effectuate an addition of these linear accelerators to Service Area 20.

Petitioner is aware that a need determination of zero (0) appears on page 152 in Table 9F in the Proposed 2009 SMFP. We acknowledge that the requested adjustment will not alter or create the identification of a need for a new linear accelerator for Service Area 20. Nevertheless, Petitioner requests that the Planning Section make the requested adjustment. The reason for the proposed adjustment is to revise the inventory of linear accelerators to accurately reflect the full range of equipment available for the provision of linear accelerator services in Service Area 20.

Were the proposed adjustment not to be made, the 2009 SMFP would not accurately identify all of the linear accelerators in Service Area 20 that could offer services to the citizens of Area 20 and surrounding areas. Sound health planning decisions require accurate data; an adverse effect could result if the requested adjustment is not made and health planning decisions are made on the basis of inaccurate assumptions about the number of linear accelerators available for operation in Service Area 20. Moreover, a failure to include these accelerators in the reported inventory for Service Area 20 would be inconsistent with prior Agency action.

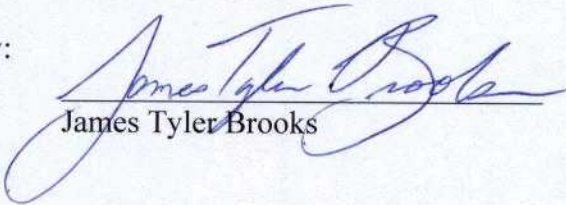
Petitioner considered, as an alternative to this Petition, submitting this request as a Comment on the 2009 SMFP. Prior to filing this Petition, Petitioner submitted an informal request to the Medical Facilities Planning Section for an adjustment to the inventory for Service Area 20. Although Petitioner's request was well-received, there was insufficient time prior to the Petition deadline for the Planning Section to take action on Petitioner's request. Thus, Petitioner considered it necessary to submit this timely Petition for an Adjustment to the Need Determination for Service Area 20 to ensure that the 2009 SMFP would incorporate an accurate depiction of the full inventory of linear accelerator equipment. We thank Ms. Potter and Mr. Cogley for their advice and direction on this matter.

This Petition does **not** request that a need determination be identified for Service Area 20. To the contrary, the Petitioner asserts that the Proposed 2009 SMFP correctly identifies no need in Service Area 20. Because this Petition does **not** advocate the identification of a need determination, Petitioner's proposed adjustment would not implicate any considerations regarding unnecessary duplication of resources.

We thank the Planning Section staff for its consideration and respectfully request that an adjustment be made to the Proposed 2009 SMFP inventory of linear accelerators in Service Area 20 to accurately identify ten (10) linear accelerators.

THOMAS & BROOKS, PLLC

By:



James Tyler Brooks

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

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License # H0224 Medicare # 340071
Computer: 922969
PC 13 Date 12/7/07
License Fee: \$1,712.50

2008
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: Harnett Health System, 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: Betsy Johnson Regional Hospital

Other:

Other:

Facility Mailing Address: P O Dwr 1706
Dunn, NC 28335

Facility Site Address: 800 Tilghman Dr
Dunn, NC 28334

County: Harnett
Telephone: (910)892-7161
Fax: (910)891-6030

Administrator/Director: Alfred P. Taylor Kenneth E. Bryan

Title: President & CEO

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

Chief Executive Officer: Kenneth E. Bryan

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: Deborah Whittington

Telephone: 910.892.1000 ext 4114

E-Mail: dwhitt@bjrh.org

PAID

CK. NO. 127317 - 3/712.50

DATE 12-6-07

All responses should pertain to October 1, 2006 through September 30, 2007.

Type of Health Care Facilities under the Hospital License

List Name(s) of facilities:	Address:	Type of Business / Service:
Betsy Johnson Regional Hospital	800 Tilghman Dr. Dunn, N.C. 28335-1706	Acute, inpatient

Please attach a separate sheet for additional listings

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

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

Owner: Harnett Health System, Inc
 Federal Employer ID# 56-0603898
 Street/Box: P O Dwr 1706
 City: Dunn State: NC Zip: 28335
 Telephone: (910)892-7161 Fax: (910) 891-6030
 CEO: 910-892-7619

Is your facility part of a Health System? Yes No

If 'Yes', name of Health System*: Harnett Health System, Inc.

* (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 Not For Profit
- b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit
- c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? Yes No

If "YES", name of building owner:

Betsy Johnson Hospital Authority, eff. 9/23/03

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

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

Name: Wake Med
 Street/Box: 3000 New Bern Avenue
 City: Raleigh State: NC Zip: 27610
 Telephone: (919)350-8000

All responses should pertain to October 1, 2006 through September 30, 2007.

Ownership Disclosure continued. . . .

3. Vice President of Nursing and Patient Care Services:
 Vicki Allen

4. Director of Planning: _____

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2006 to September 30, 2007.**

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	6417	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	6413	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	75.69	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	979	

C. Designation and Accreditation

- Are you a designated trauma center? ___ Yes X No
- Are you a critical access hospital (CAH)? ___ Yes X No
- Are you a long term care hospital (LTCH)? ___ Yes X No

4. If this facility is accredited by the Joint Commission or AOA, specify the accrediting body
JCAHO and indicate the date of the last survey 02 / 24 / 07 . Date of final accreditation

All responses should pertain to October 1, 2006 through September 30, 2007.

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

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

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2007	Staffed Beds as of September 30, 2007	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	6	6	1309
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	70	70	***22947
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	5	5	**154
m. Obstetric (including LDRP)	12	12	2382
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)	8	8	825
1. Total General Acute Care Beds/Days (a through q)	101	101	27617
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care (Home for the Aged)	0		
9. Other	0		
10. Totals (1 through 9)	101	101	27617

* Please report only Census Days of Care of DRG's 504, 505, 506, 507, 508, 509, 510 and 511.
 ** 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, 2006 through September 30, 2007.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	7

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

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

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6, item 3.d.)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Charity Care ¹					
Commercial Ins. ²	3074	7696	12074	408	1038
Medicaid (including HMO)	5942	10441	6572	161	398
Medicare (including HMO)	15978	6152	15552	479	1162
Private Pay / Self Pay	2287	11933	1854	39	97
Other Gov't. ³	208	522	526	51	125
All other	128	546	1323	12	19
TOTAL	27617	37290	37901	1150	2839

¹ Charity Care Definition: Health care services that never were expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who meet certain financial criteria.

² Commercial Insurance includes all forms of managed care except Medicaid and Medicare HMO's

³ Other Government includes Tricare and VA insurance programs.

F. Services and Facilities

1. Obstetrics

	Enter Number
a. Live births (Vaginal Deliveries)	526
b. Live births (Cesarean Section)	322
c. Stillbirths	9

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

2. Abortion Services

Number of procedures per Year 0

All responses should pertain to October 1, 2006 through September 30, 2007.

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

- a. Total Number of ED Treatment Rooms: (b.+c.) 23
- b. #Trauma Rooms 2 c. #Fast Track Rooms 0
- c. Total Number of ED visits for reporting period: 37290
- d. Total Number of admits from the ED for reporting period: 2421
- e. Total Number of Urgent Care visits for reporting period: 0
- f. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- g. 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				
Fixed Wing				

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 241
 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		i. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		j. Liver		l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	
d. Heart		g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		h. Kidney		o. Other	

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2006 through September 30, 2007.

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

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

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

** Please report name of mobile vendor: _____

Number of operating hours per week on site: _____

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

All responses should pertain to October 1, 2006 through September 30, 2007.

8. Surgical Operating Rooms and Cases

a) Surgical Operating Rooms

[1] 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.

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

(Campus – If multiple sites: _____)

Type of Room	Number of Rooms
Dedicated Open Heart Surgery [from 7.(b) 1.]	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	4
Total of Surgical Operating Rooms	4

[2] Does this facility have approval for additional surgical operating rooms (i.e., not listed above) **that are being developed** pursuant to a Certificate of Need? Yes No # Rooms

[3] Does this facility have approval for additional surgical operating rooms (i.e., not listed above) **that are being developed** pursuant to the exemption provided in Senate Bill 714? Yes No # Rooms

b) Surgical Cases by Specialty Area - Enter the number of surgical cases by surgical specialty area in the chart 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 – Total Surgical Cases is an unduplicated count of surgical cases. Count all surgical cases, including cases performed in procedure rooms or in any other location.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 5.)		
General Surgery	390	858
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	114	284
Ophthalmology		339
Oral Surgery		
Orthopedics	181	508
Otolaryngology	13	435
Plastic Surgery		
Urology	74	158
Vascular		159
Other Surgeries (which do not fit into the above categories)	55	98
Number of C-Section's Performed in Dedicated C-Section OR's		
Number of C-Section's Performed in Other OR's	323	
Total Surgical Cases	1150	2839

All responses should pertain to October 1, 2006 through September 30, 2007.

8. Surgical Operating Rooms and Cases *continued*

c) Average Operating Room Availability and Average Case Times:

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

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 * [a]	Average Number of Days per Year Routinely Scheduled for Use [b]	Average Percent Availability [c]	Average Hours per OR per Year (Multiply [a] times [b] times [c])
8	253	62%	1255

* (Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.)

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

Based on **your hospital's** experience, please complete the table below by showing the Average Case Time in minutes for Inpatient and Outpatient cases performed **in your hospital**.

Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
107	80

** "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, 2006 through September 30, 2007.

9. Gastrointestinal Endoscopy Rooms, Cases, and Procedures

[1] Report the number of *Gastrointestinal Endoscopy Rooms* and the number of cases and procedures performed in these rooms during the reporting period. (**NOTE: Other procedure rooms** should be included in Section 10 below.) Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

Number of GI Endo Rooms	Total Number GI Endo Cases [a]	Total Number Non-GI Endo Cases [b]	Total Endo Cases [a] + [b]
2	3258	633	3891
	Total Number GI Endo Procedures [c]	Total Number Non-GI Endo Procedures [d]	Total Endo Procedures [c] + [d]
	5634	1075	6709

[2] Does this facility have approval for additional *GI Endoscopy rooms* (i.e., not listed above) that are being developed pursuant to a Certificate of Need? Yes No # Rooms _____

[3] Does this facility have approval for additional *GI Endoscopy rooms* (i.e., not listed above) that are being developed pursuant to the exemption provided in Senate Bill 714? Yes No # Rooms _____

10. Non-Gastrointestinal Procedure Rooms and Cases

Please report only rooms and cases not reported in 8. or 9.: Report rooms not equipped or meeting all the specifications for an operating room, dedicated to the performance of procedures other than gastrointestinal endoscopy.

a) Total Number of Procedure Rooms: _____ 0 _____

b) Enter the number of Non-Surgical cases by specialty area in the chart below. Count all cases, including cases performed in Operating Rooms. Count each patient undergoing a procedure or procedures as one case regardless of the number of procedures performed while the patient was in the room.

Specialty Area	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non GI Endoscopies (<i>not reported in 9.</i>)		
GI Endoscopies (<i>not reported in 9.</i>)		
Special Procedures/Angiography (neuro & vascular but not including cardiac cath.)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (unspecified)		
Total Non-Surgical Cases		

All responses should pertain to October 1, 2006 through September 30, 2007.

10a. Diagnostic Imaging and Lithotripsy Data

Indicate the number of machines/instruments and the number of the following types of procedures performed during the 12-month reporting period at your facility. For Hospitals that operate medical equipment at multiple sites, please provide a separate page for each site.

Imaging	Number of Units	No. of Procedures			No. of MRI Procedures *		
		Inpatient	Outpatient	Total	With Contrast or Sedation	Without Contrast or Sedation	Total
Magnetic Resonance Imaging							
Fixed MRI Scanners	1	582	3028	3610	1184	2426	3610
Open MRI Scanners included in row above							
MRI pursuant to Policy AC-3:							
Other Human Research MRI Scanner							
MRI Mobile Equipment							
Identify Vendor/Owner in space () below:	Number of Units	No. of Procedures		Total	With Contrast or Sedation	Without Contrast or Sedation	Total
MRI #1 ()							
MRI #2 ()							
CT Scanner (Fixed or Mobile)	1	1542	11328	12870	Note: *Totals of MRI inpatients and and without contrast or sedation.		
CT Scanner HECT Units		4874.50	14504.5	19379			
Mammogram	2	1	4625	4626			
Fixed Other Radiographic&Fluoroscopic	14	6150	35995	42145			
Nuclear Medicine							
PET Scanners	Number of Units	No. of Procedures		Total			
Dedicated Fixed PET Scanner							
Mobile PET Scanner Vendor ()							
PET pursuant to Policy AC-3							
Other Human Research PET Scanner							
Other Nuclear Medicine							
Coincidence Camera							
Mobile Coincidence Camera Vendor ()							
SPECT							
Mobile SPECT Vendor ()							
Gamma Camera	1	759	1610	2369			
Mobile Gamma Camera Vendor ()							
				65619			
Lithotripsy		No. of Procedures		Total			
[Identify Vendor/Owner in space () below:]	Number of Units	Inpatient	Outpatient	Total			
Fixed							
Mobile ()							

MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **NOTE:** Please Report ALL Angiography procedures on page 10, in Table 9 under Special Procedures/Angiography Rooms.

PET procedure is defined as a single discrete PET scan of a patient (single CPT coded procedure), not counting other radiopharmaceutical or supply charge codes.

All responses should pertain to October 1, 2006 through September 30, 2007.

10b. MRI Procedures by CPT Codes

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	2
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	27
70543	MRI Orbit/Face/Neck w/o & with	161
70544	MRA Head w/o	
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	3
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	43
70551	MRI Brain w/o	117
70552	MRI Brain with contrast	2
70553	MRI Brain w/o & with	600
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	
71555	MRA Chest with OR without contrast	6
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	337
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	44
72146	MRI Thoracic Spine w/o	131
72147	MRI Thoracic Spine with contrast	1
72157	MRI Thoracic Spine w/o & with	21
72148	MRI Lumbar Spine w/o	650
72149	MRI Lumbar Spine with contrast	2
72158	MRI Lumbar Spine w/o & with	147
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	30
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	23
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	21
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	9
73221	MRI Upper Ext any joint w/o	297
73222	MRI Upper Ext any joint with contrast	10
73223	MRI Upper Ext any joint w/o & with	13
73225	MRA Upper Ext w/o OR with contrast	2
	Subtotal	2700

All responses should pertain to October 1, 2006 through September 30, 2007.

10b. MRI Procedures by CPT Codes *continued*

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
73221	MRI Upper Ext, any joint w/o	
73222	MRI Upper Ext, any joint with contrast	
73223	MRI Upper Ext, any joint w/o & with	
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	73
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	87
73721	MRI Lower Ext any joint w/o	570
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with	
73725	MRA Lower Ext w/o OR with contrast	15
74181	MRI Abdomen w/o	9
74182	MRI Abdomen with contrast	34
74183	MRI Abdomen w/o & with	
74185	MRA Abdomen w/o OR with contrast	71
75552	MRI Cardiac Morphology w/o	50
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for page	910
	Total Number of Procedures (both pages)	3610

All responses should pertain to October 1, 2006 through September 30, 2007.

11. Radiation Oncology Treatment Data

CPT Code	Description	Number of Procedures	ESTVs/ Procedures Under ACR	Total ACR ESTVs
Simple Treatment Delivery:				
77401	Radiation treatment delivery		1.00	
77402	Radiation treatment delivery (<=5 MeV)		1.00	
77403	Radiation treatment delivery (6-10 MeV)		1.00	
77404	Radiation treatment delivery (11-19 MeV)		1.00	
77406	Radiation treatment delivery (>=20 MeV)		1.00	
Intermediate Treatment Delivery:				
77407	Radiation treatment delivery (<=5 MeV)		1.00	
77408	Radiation treatment delivery (6-10 MeV)		1.00	
77409	Radiation treatment delivery (11-19 MeV)		1.00	
77411	Radiation treatment delivery (>=20 MeV)		1.00	
Complex Treatment Delivery:				
77412	Radiation treatment delivery (<=5 MeV)		1.00	
77413	Radiation treatment delivery (6-10 MeV)		1.00	
77414	Radiation treatment delivery (11-19 MeV)		1.00	
77416	Radiation treatment delivery (>= 20 MeV)		1.00	
Sub-Total				

For the increased time required for special techniques, ESTV values are indicated below:

77417	Additional field check radiographs		.50	
77418	Intensity modulated radiation treatment (IMRT) delivery		1.00	
77432	Stereotactic radiosurg. Treatment mgmt Linear Accelerator/CyberKnife		3.00	
77432	Stereotactic radiosurg. Treatment mgmt. Gamma Knife		3.00	
	Total body irradiation		2.50	
	Hemibody irradiation		2.00	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)		10.00	
	Neutron and proton radiation therapy		2.00	
	Limb salvage irradiation		1.00	
	Pediatric Patient under anesthesia		1.50	
Sub-Total				
TOTALS:				

Note: For special techniques, list procedures under both the treatment delivery and the special techniques sections.

All responses should pertain to October 1, 2006 through September 30, 2007.

11. Radiation Oncology Treatment Data *continued*

a.	Number of unduplicated <u>patients</u> who receive a course of radiation oncology treatments (patients shall be counted more than once if they receive additional courses of treatment)	0
b.	Total number of Linear Accelerator(s)	1
c.	Number of Linear Accelerators configured for stereotactic radiosurgery	0

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:

	Check		Check
1. Cardiac Rehab Program (Outpatient)	<input checked="" type="checkbox"/>	5. Rehabilitation Outpatient Unit	<input type="checkbox"/>
2. Chemotherapy	<input type="checkbox"/>	6. Podiatric Services	<input checked="" type="checkbox"/>
3. Clinical Psychology Services	<input type="checkbox"/>	7. Genetic Counseling Service	<input type="checkbox"/>
4. Dental Services	<input checked="" type="checkbox"/>	8. Acute Dialysis	<input type="checkbox"/>

Number of Acute Dialysis Stations _____

b) **Hospice Inpatient Unit Data:**

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

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

All responses should pertain to October 1, 2006 through September 30, 2007.

13. Additional Services: *continued*

c) Mental Health and Substance Abuse

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

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

3. Director of the above services.

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

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

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

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

All responses should pertain to October 1, 2006 through September 30, 2007.

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

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

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

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin -General Acute Care Inpatient Services

Facility County: **Harnett**

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax	1	78. Robeson	5
7. Beaufort		43. Harnett	4317	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	398
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	740	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	10	89. Tyrrell	
18. Catawba		54. Lenoir	1	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	195
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	17
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	263	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	5	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	11	67. Onslow	4	102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	7
35. Franklin		71. Pender	1	106. Other	434
36. Gaston		72. Perquimans		Total No. of Patients	6417

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin – Inpatient Surgical Cases

Facility County: Harnett

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 "once" regardless of the number of surgical procedures performed while the patient was in the operating room. However, each admission as an inpatient operating room patient 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 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	852	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	75
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	100	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	5	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	40
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	8	60. Mecklenburg		96. Wayne	3
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	57	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	0		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	2	67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1150

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin – Ambulatory Surgical Cases

Facility County: Harnett

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 in the operating room. However, each admission as an ambulatory operating room patient should be reported separately.

The “Total” from this chart should match the “Total” Ambulatory Cases reported on the Surgical Cases by Specialty Area Table on page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	7
7. Beaufort		43. Harnett	1966	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	3	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	164
11. Buncombe		47. Hoke	5	83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	310	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	8	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	113
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	2	60. Mecklenburg		96. Wayne	40
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	190	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	25	67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	2839

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Harnett

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 equal Item 9. [a] "Total Number GI Endo Cases" from the GI Endo Room Table on page 10, plus the total Inpatient and Ambulatory GI Endoscopies (not reported in 9.) from the Specialty Area Table at the bottom of page 10.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett	2646	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	6	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	372
11. Buncombe		47. Hoke	5	83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	491	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	18	89. Tyrrell	
18. Catawba		54. Lenoir	5	90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	97
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	12
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	273	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	6	67. Onslow	2	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	5
36. Gaston		72. Perquimans		Total No. of Patients	3891

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: **Harnett**

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

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

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

All responses should pertain to October 1, 2006 through September 30, 2007.

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

Facility County: Harnett

(Continued from previous page)

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

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

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin - MRI Services

Facility County: **Harnett**

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. Patients served include patients receiving MRI procedures reported in Table 10a of this application (page 11).

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax	1	78. Robeson	1
7. Beaufort		43. Harnett	2689	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	167
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston	350	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	10	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	65
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	3
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	112	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	7	99. Yadkin	
28. Dare		64. Nash	2	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	7	67. Onslow	1	102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	190
36. Gaston		72. Perquimans		Total No. of Patients	3610

Mobile Services: True _____ or False _____

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin - Radiation Oncology Treatment

Facility County: Harnett

In an effort to document patterns of utilization of Radiation Oncology Treatment 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 treatments. Patients reported should be patients receiving [linac] procedures listed in Section 11 of this application. **Please count each patient only once.**

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

All responses should pertain to October 1, 2006 through September 30, 2007.

Patient Origin – PET Scanner

Facility County: **Harnett**

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

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

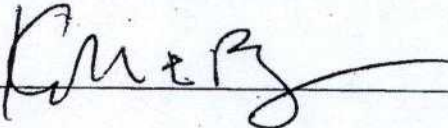
2008 Renewal Application for Hospital:
Betsy Johnson Regional Hospital

License No: **H0224**
Facility ID: **922969**

All responses should pertain to October 1, 2006 through September 30, 2007.

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 2008 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2008 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature:  Date: 11-28-07

PRINT NAME
OF APPROVING OFFICIAL Kenneth E. Bryan

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.

FRANKLIN COUNTY CANCER CENTER



CANCER CARE CLOSE TO HOME!!!

113 Jolly Street
Louisburg, NC 27549
Phone (919) 497-0113
Fax (919) 497-0115

RADIATION ONCOLOGY AND
CHEMOTHERAPY LOCATED
UNDER ON ROOF

Radiation oncology is one of the most rapidly advancing fields in medicine. Franklin County Cancer Center offers state-of-the-art technology, and a multidisciplinary team of physicians, therapists, and nurses who are specially trained to care for cancer patients.

We are winning the "War on Cancer." Please join us in continuing this trend.

Robert L. McLaurin, Jr. M.D.,
Board Certified
Radiation Oncologist

Dr. McLaurin received his medical degree from the University of Cincinnati, School of Medicine in Cincinnati, Ohio and completed his radiation oncology residency at Baylor University, College of Medicine in Houston, Texas. He has over 25 years experience in the field of radiation oncology, and has obtained two U.S. patents related to his advanced research in the field.

Board Certified
Medical Oncologist

Sometimes, patients will need chemotherapy along with radiation. In order to improve the coordination of chemotherapy and radiation, both specialties have located their services within the Cancer Center. This cooperation enhances decision-making and follow-up for all our patients.

Franklin County
Cancer Care Team

Cancer is complicated. In addition to the specialists in Radiation and Chemotherapy, the Franklin County Cancer Center conducts regular meetings with all the other medical specialties involved in cancer care, including surgery, pulmonology, urology, gynecology, radiology, pathology, and gastroenterology.

Active Specific Licenses for Type 0900*

COUNTY	LIC. NO.	LICENSEE
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60	0014-A1	CAROLINAS MEDICAL CENTER
60	0019-A1	PRESBYTERIAN HOSPITAL
41	0021-A1	MOSES CONE REGIONAL CANCER CENTER
13	0028-A1	CMC-NORTHEAST INC
98	0035-A1	WILSON RADIATION ONCOLOGY
65	0037-A1	NEW HANOVER MEM HOSP
32	0052-A1	DUKE UNIVERSITY HEALTH SYSTEMS INC
11	0091-A1	MEMORIAL MISSION HOSP
1	0117-A1	ALAMANCE COUNTY HOSPITAL
1	0117-A2	ALAMANCE REG MED CNTR-ALAMANCE CANCER CN
41	0119-A1	HIGH POINT REGIONAL HOSP
45	0120-A1	MARGARET R PARDEE MEMORIAL HOSPITAL
70	0126-A1	ALBEMARLE HOSPITAL
34	0158-A1	NC BAPTIST HOSPITAL
99	0158-A3	NORTH CAROLINA BAPTIST HOSPITALS THE
14	0158-A4	WAKE FOREST UNIVERSITY HEALTH SCIENCE
92	0160-A1	REX HEALTHCARE INC
12	0166-A1	GRACE HOSPITAL
26	0173-A1	CAPE FEAR VALLEY MED CTR
26	0173-A2	CAPE FEAR VALLEY HEALTH SYSTEM
83	0197-A1	SCOTLAND MEMORIAL HOSPITAL
36	0203-A1	GASTON MEMORIAL HOSPITAL
23	0219-A1	CLEVELAND REGIONAL MEDICAL CENTER
84	0243-A1	STANLY MEMORIAL REGIONAL CENTER
32	0247-A5	DUKE UNIV MED CENTER
12	0257-A1	VALDESE GENERAL HOSPITAL
18	0292-A1	CATAWBA VALLEY MEDICAL CENTER
74	0296-A2	EAST CAROLINA UNIV SCH OF MED
79	0324-A1	MOREHEAD MEMORIAL HOSPITAL
80	0393-A1	ROWAN HEALTH SERVICES CORPORATION D/B/A
80	0393-A2	ROWAN HEALTH SERVICES CORP
11	0398-A1	N C RADIATION THERAPY MGMT SERV INC

* this code stands for Hospital Based Medical

July 11, 2008

Page 1 of 3

COUNTY LIC. NO. LICENSEE

82	0407-A1	SAMPSON REGIONAL CANCER CNTR
49	0412-A1	IREDELL MEMORIAL HOSPITAL
25	0421-A1	CRAVEN REG MED CENTER
91	0463-A1	MARIA PARHAM HOSPITAL INC
54	0488-A1	LENOIR MEMORIAL HOSPITAL CANCER CENTER
68	0565-A1	UNIVERSITY OF NORTH CAROLINA HOSPITALS
92	0582-A1	DUKE UNIV HEALTH SYSTEM INC
63	0585-A1	FIRST HEALTH OF THE CAROLINAS dba MOORE
16	0634-A1	CARTERET COUNTY GENERAL HOSPITAL CORP
64	0727-A1	NASH DAY HOSPITAL
90	0739-A1	UNION REGIONAL MEDICAL CENTER
41	0765-A1	MOSES CONE HEALTH SYSTEM
11	0784-A	WESTERN CAROLINA ONCO CTR
42	0813-A1	ROANOKE VALLEY CANCER CENTER
80	0826-A1	SALISBURY RAD CANCER TREATMENT CENTER
54	0846-A	AMERICAN RADIOTHERAPY INC
65	0860-A1	NEW HANOVER RAD ONCOLOGY
65	0860-A2	NEW HANOVER REGIONAL - ZIMMER CENTER
60	0864-A1	MATTHEWS RADIATION ONC CENTER
60	0864-A2	MATTHEWS RAD ONC CNTR dba UNIV RAD ON
34	0878-A1	FORSYTH MEDICAL CENTER
29	0878-A2	NOVANT HEALTH D/B/A FORSYTH MED CENTER
60	0906-A1	CHARLOTTE RADIATION CARE INC
60	0906-A2	UNIVERSITY PLACE RADIATION CARE INC
70	0936-A1	ALBEMARLE REG CANCER CNTR
95	0945-A1	WATAUGA MED CNTR-SEBY B JONES REG CANCER
83	0952-A	SANDHILLS RAD CANCER TREATMENT CNTR
44	0956-A1	NC RADIATION THERAPY MANAGEMENT SERV INC
11	0966-A1	MOUNTAIN REGIONAL CANCER CENTER
78	0999-A1	SOUTHEASTERN CANCER CENTER
83	1000-A1	LAURINBURG CANCER CENTER PA
88	1026-A1	N C RADIATION THERAPY MGMT SERVS INC
92	1086-A1	WAKE RADIOLOGY ONCOLOGY SERVICES
57	1092-A1	NC RADIATION THERAPY MANAGEMENT SERV INC
74	1104-A1	CAROLINA RAD & CANCER TREATMENT CNTR INC
56	1154-A1	NC RADIATION THERAPY MANAGEMENT SERV INC

COUNTY	LIC. NO.	LICENSEE
20	1158-A1	MURPHY MED CTR DBA MTN REG CANCER CTR
83	1166-A1	ONCOLOGY SERVICES CORPORATION
80	1177-A1	ROWAN HEALTH SERVICES CORPORATION D/B/A
46	1187-A1	RADIATION SERVICES OF NC LLC D/B/A AHOS
34	1229-A2	PET NET PHARMACEUTICALS
51	1376-A1	REX RADIATION ONCOLOGY OF SMITHFIELD
29	1380-A1	NOVANT HEALTH DBA FORSYTH MEDICAL CENTER
7	1422-A1	BEAUFORT COUNTY HOSPITAL

Grand total for this type: 76

Active Specific Licenses for Type 0970*

COUNTY	LIC. NO.	LICENSEE
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96	0186-A1	GOLDSBORO RAD THERAPY SER dba WAYNE RAD
80	0864-A3	MATTHEWS RADIATION ONCOLOGY INC
49	0864-A4	LAKE NORMAN RADIATION ONCOLOGY CENTER
81	1080-A1	NC RADIATION THERAPY MANAGEMENT SERV INC
21	1187-A2	RADIATION SERVICES OF NC LLC
70	1261-A1	ONCOLOGY ASSOCIATES OF VIRGINIA PC
28	1261-A2	ONCOLOGY ASSOCIATES OF VIRGINIA P C
45	1275-A1	HENDERSON MEDICAL EQUIPMENT LLC
11	1276-A1	NC RADIATION THERAPY MGMT SRVS INC
44	1276-A2	NC RADIATION THERAPY MANAGEMENT SRVS INC
88	1276-A3	NC RADIATION THERAPY MANAGEMENT SRVS INC
56	1276-A4	N C RADIATION THERAPY MANAGEMENT SRVS
81	1276-A5	N C RADIATION THERAPY MGMT SRVS INC
56	1276-A6	NC RADIATION THERAPY MGMT SRVS INC
45	1276-A7	NC RADIATION THERAPY MGMT SERVICES INC
74	1276-A8	CAROLINA RADIATION MEDICINE
92	1287-A1	VETERINARY SPEC HOSP OF THE CAROLINAS
51	1310-A1	CAROLINA RADIATION ONCOLOGY
92	1352-A1	CANCER CENTERS OF NORTH CAROLINA
11	1352-A2	CANCER CENTERS OF NORTH CAROLINA
35	1381-A1	PROS HOLDINGS LLC
10	1433-A1	SOUTH ATLANTIC RADIATION

Grand total for this type: 22

* this code stands for Private Practice Medical

01 - Alamance	40 - Greene	79 - Rockingham
02 - Alexander	41 - Guilford	80 - Rowan
03 - Alleghany	42 - Halifax	81 - Rutherford
04 - Anson	43 - Harnett	82 - Sampson
05 - Ashe	44 - Haywood	83 - Scotland
06 - Avery	45 - Henderson	84 - Stanly
07 - Beaufort	46 - Hertford	85 - Stokes
08 - Bertie	47 - Hoke	86 - Surry
09 - Bladen	48 - Hyde	87 - Swain
10 - Brunswick	49 - Iredell	88 - Transylvania
11 - Buncombe	50 - Jackson	89 - Tyrrell
12 - Burke	51 - Johnston	90 - Union
13 - Cabarrus	52 - Jones	91 - Vance
14 - Caldwell	53 - Lee	92 - Wake
15 - Camden	54 - Lenoir	93 - Warren
16 - Carteret	55 - Lincoln	94 - Washington
17 - Caswell	56 - Macon	95 - Watauga
18 - Catawba	57 - Madison	96 - Wayne
19 - Chatham	58 - Martin	97 - Wilkes
20 - Cherokee	59 - McDowell	98 - Wilson
21 - Chowan	60 - Mecklenburg	99 - Yadkin
22 - Clay	61 - Mitchell	100 - Yancey
23 - Cleveland	62 - Montgomery	
24 - Columbus	63 - Moore	
25 - Craven	64 - Nash	
26 - Cumberland	65 - New Hanover	
27 - Currituck	66 - Northampton	
28 - Dare	67 - Onslow	
29 - Davidson	68 - Orange	
30 - Davie	69 - Pamlico	
31 - Duplin	70 - Pasquotank	
32 - Durham	71 - Pender	
33 - Edgecombe	72 - Perquimans	
34 - Forsyth	73 - Person	
35 - Franklin	74 - Pitt	
36 - Gaston	75 - Polk	
37 - Gates	76 - Randolph	
38 - Graham	77 - Richmond	
39 - Granville	78 - Robeson	