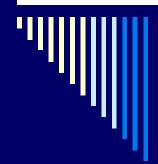


North Carolina Certificate of Need Law

Division of Health Service Regulation



Inventory of Health Care Facilities and Services

- Health care facilities & services inventories updated annually in the N.C. State Medical Facilities Plan.
- Most inventory data from the Division of Health Service Regulation's licensing database.
- Utilization of services & patient origin data from annual license renewal applications & data submitted by providers (hospitals and ambulatory surgical centers) to the designated statewide data processor (G.S. 131E, Article 11A).



Acute Care Hospital Data

- 114 licensed hospitals
- 20,713 licensed acute care beds
- Avg. annual occupancy rate was 58.42%
- 4,417,043 days of care provided to patients during 2010



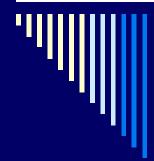
Acute Care Hospital Data

- Most hospitals in NC are not-for-profit.
- 10 hospitals are for-profit:
 - Central Carolina Hospital Sanford
 - Davis Regional Medical Center Statesville
 - Franklin Regional Medical Center- Louisburg
 - Frye Regional Medical Center Hickory
 - Lake Norman Regional Medical Center Mooresville
 - Martin General Hospital Williamston
 - NC Specialty Hospital Durham
 - Sandhills Regional Medical Center Hamlet
 - Washington County Hospital Plymouth
 - Yadkin Valley Community Hospital Yadkinville



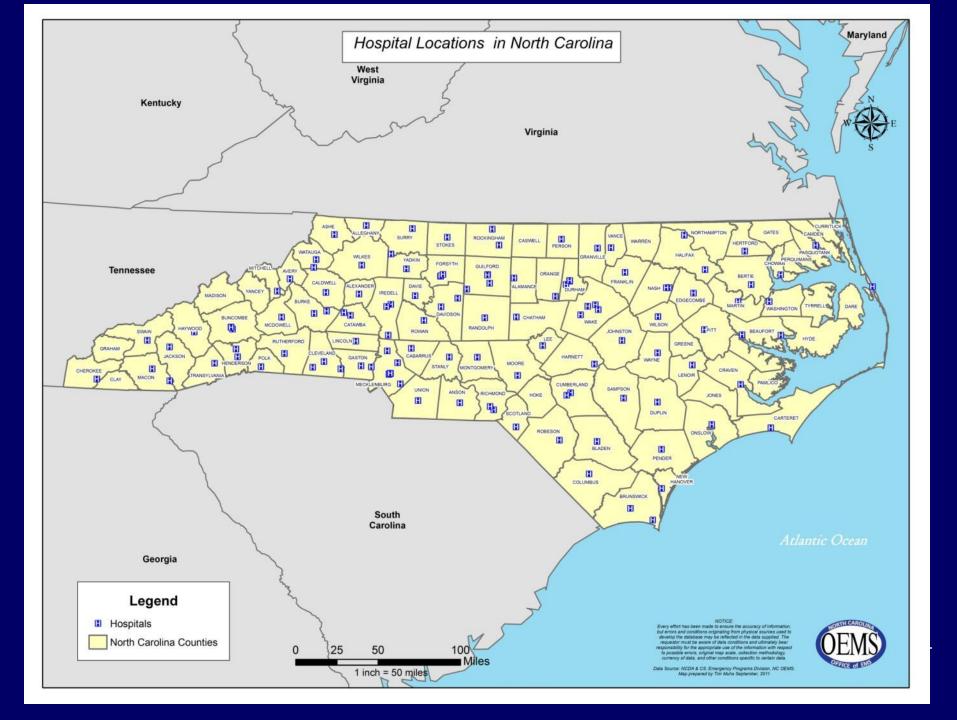
Long-Term Care Hospitals

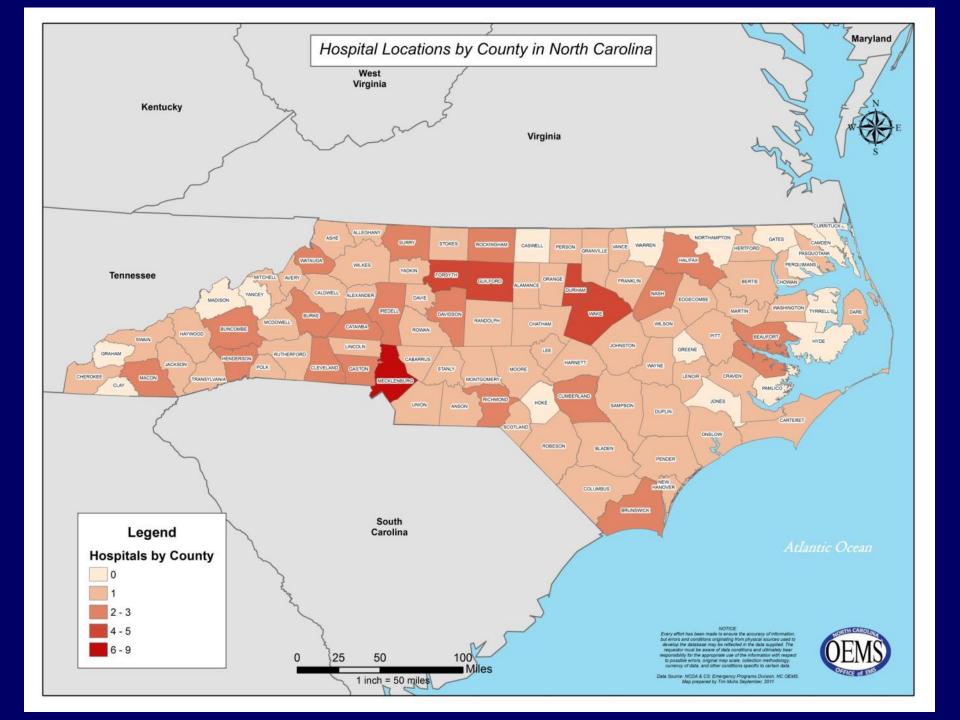
- 9 Long-Term Care Hospitals (LTCHs)
 - 434 beds
- Average length of stay > 25 days
- Provide services statewide & out of state due to their specialized services.
- 4 for-profit LTCHs:
 - Select Specialty Hospital-Durham
 - Select Specialty Hospital-Winston-Salem
 - Life-Care Hospitals of North Carolina-Rocky Mount
 - Kindred Hospital-Greensboro



Rehabilitation Hospitals

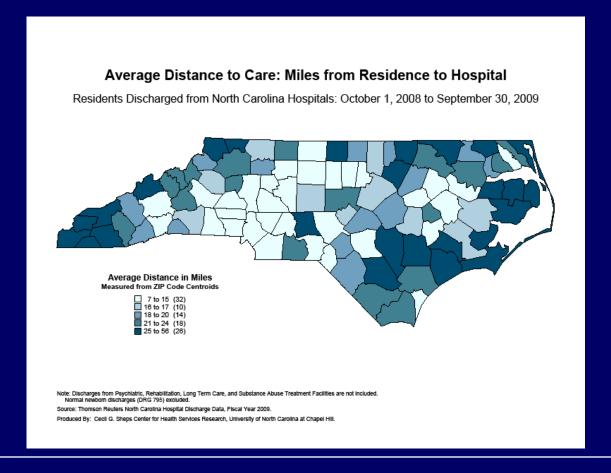
- There are three licensed rehabilitation hospitals
 - Carolinas Rehabilitation Hospital Mount Holly (40 beds)
 - Care Partners Rehabilitation Hospital-Asheville (80 beds)
 - Carolinas Rehabilitation Hospital –
 Charlotte (119 beds)
- 23 additional rehabilitation programs in acute care hospitals, with 742 beds

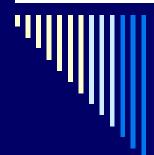




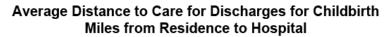


74% of All Hospital Patients Travel < 25 Miles to Receive Care

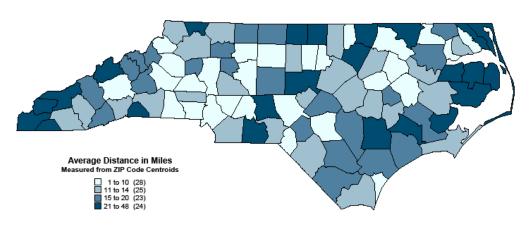




76% of Hospital Childbirth Patients Travel < 20 Miles to Receive Care



Residents Discharged from North Carolina Hospitals: October 1, 2008 to September 30, 2009



Note: Childbirth discharges include DRGs 765-768, 774, 775.

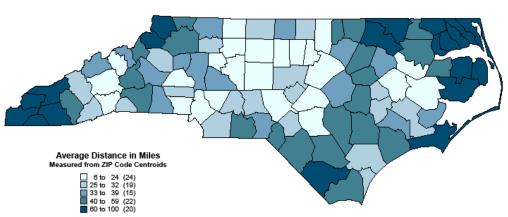
Source: Thomson Reuters North Carolina Hospital Discharge Data, Fiscal Year 2009.

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.



80% of Patients Receiving Open Heart Surgery Travel < 60 Miles to Receive Care





Note: Open Heart Surgery discharges Include a Procedure code of 36.51 or DRGs 216-221, 228-236.

Source: Thomson Reuters North Carolina Hospital Discharge Data, Fiscal Year 2009.

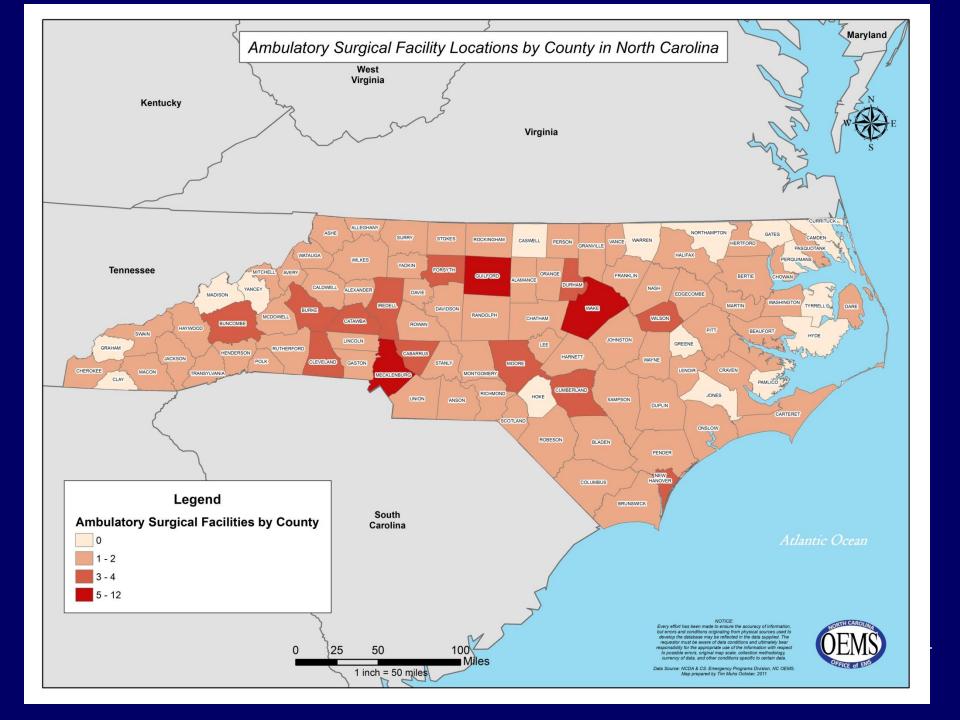
Produced By: Ceoli G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.



Licensed Facilities with Ambulatory Surgical Capacity

- 158 Facilities
 - 44 free-standing ambulatory surgical centers
 - 114 acute care hospitals

1,162 ambulatory and shared operating rooms

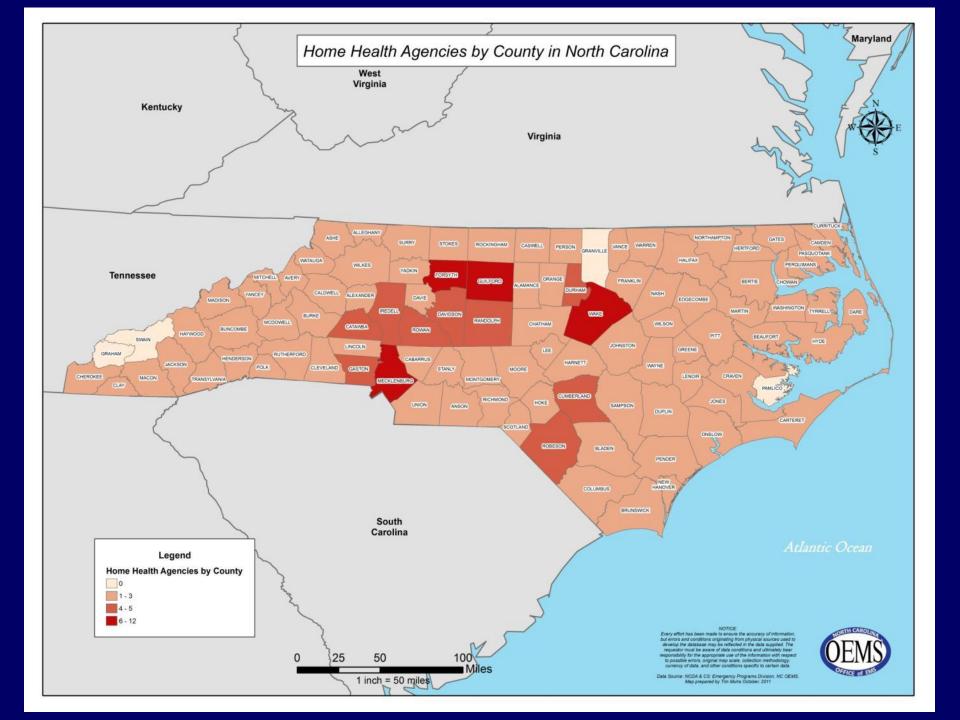


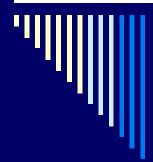


Home Health Agency Data

- 212 Medicare-certified Home Health Agencies
- 210,839 clients were served during 2010; a
 7.73 % increase from the previous year.
- The statewide average use rates by age group have increased for all age groups, as follows:

Age Group	2010 Use Rates per 1000 Pop.
Under 18	2.91
Ages 18-64	11.28
Ages 65-74	66.71
Ages 75 and over	168.57





Nursing Home Data

- 433 nursing homes
 - 321 for-profit nursing homes
 - 112 non-profit nursing homes
 - 423 certified to participate in the Medicare/Medicaid program
 - 10 licensed only (do not participate in Medicare/Medicaid) are funded primarily by private pay



Nursing Home Payors

- Medicaid program (68%)
- Medicare program (16%)
- Private payment (16%)
- 45,353 licensed nursing home beds
 - 96% in nursing homes
 - 4% licensed as part of a hospital
- 533 additional beds had received approval from the DHSR CON Section, not yet licensed.



Nursing Bed Use Rates

Use Rates by Age Groups

Age Group

Bed Utilization per

1000 Population

Under 65

65-74

75-84

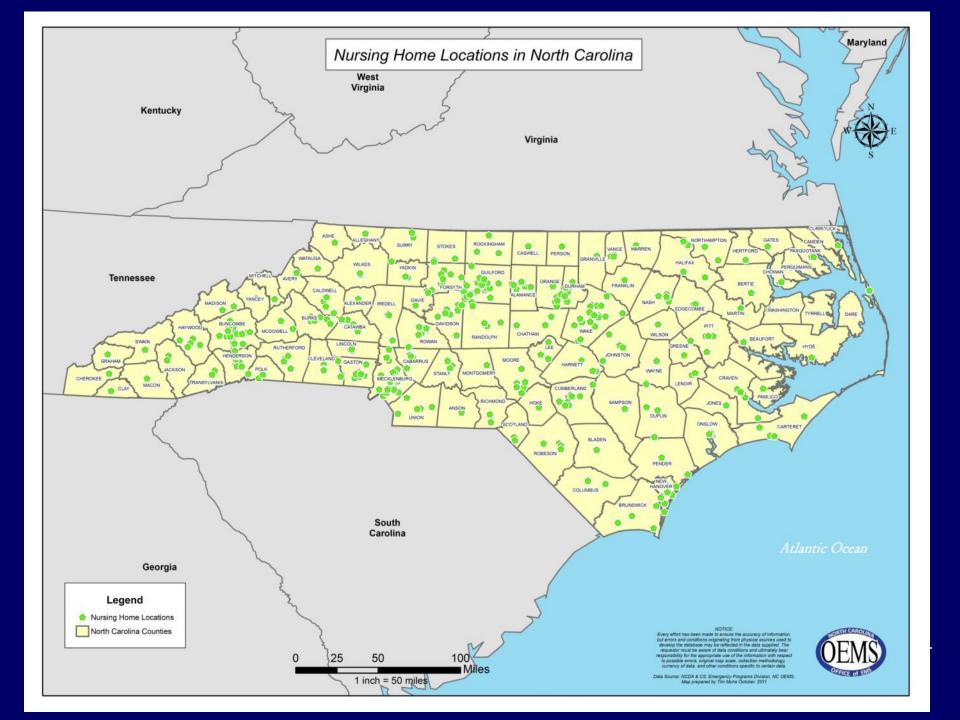
85 and over

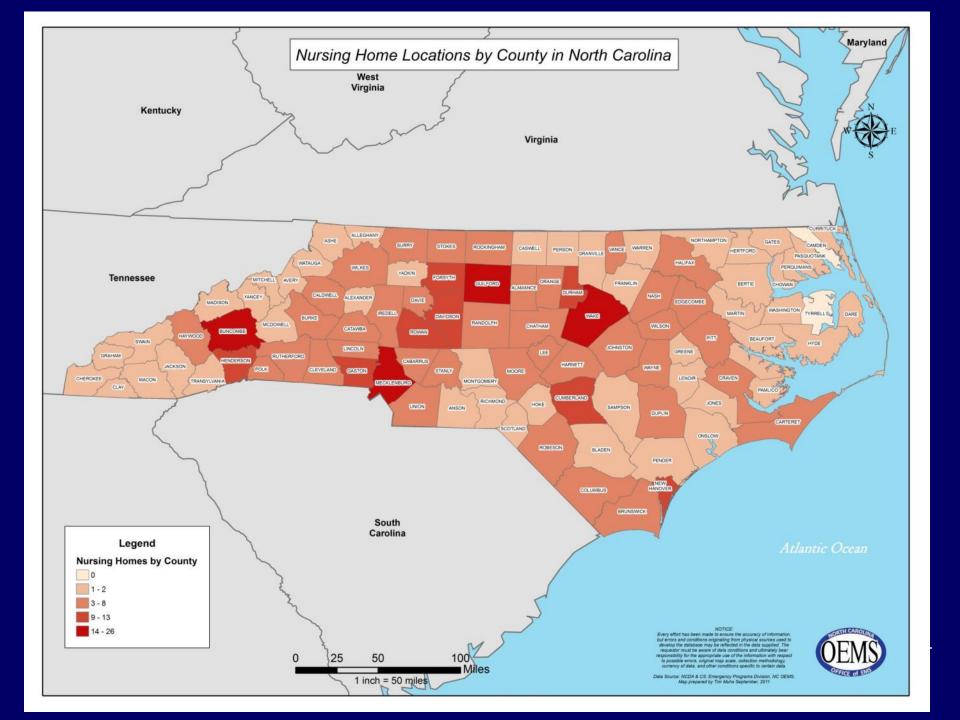
0.59

7.72

25.69

90.39

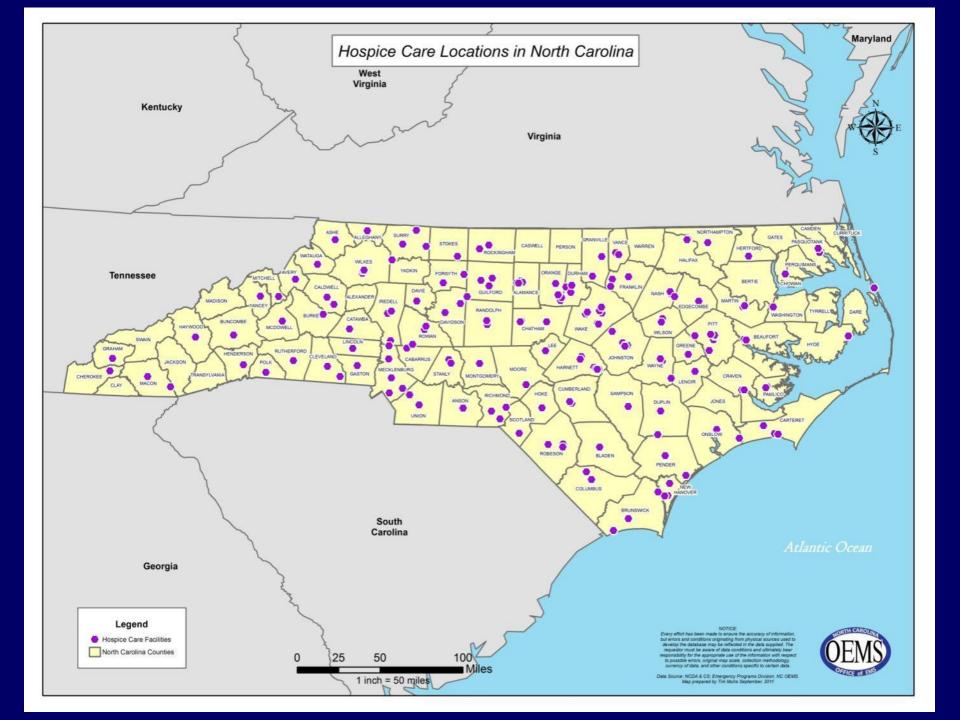


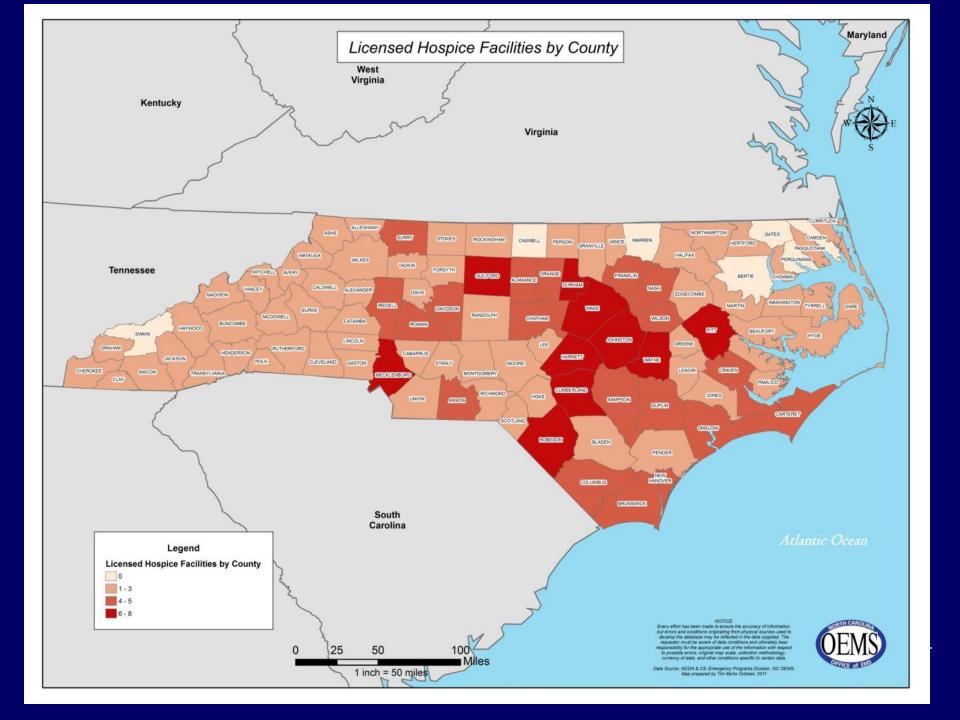


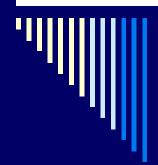


Hospice Services

- 257 licensed hospice facilities
 - Hospice home care agencies
 - Hospice facilities 35
 - All have inpatient beds, 323 licensed beds
 - 26 have residential care beds, 177 licensed beds
- 35,219 hospice patients served in 2009-2010

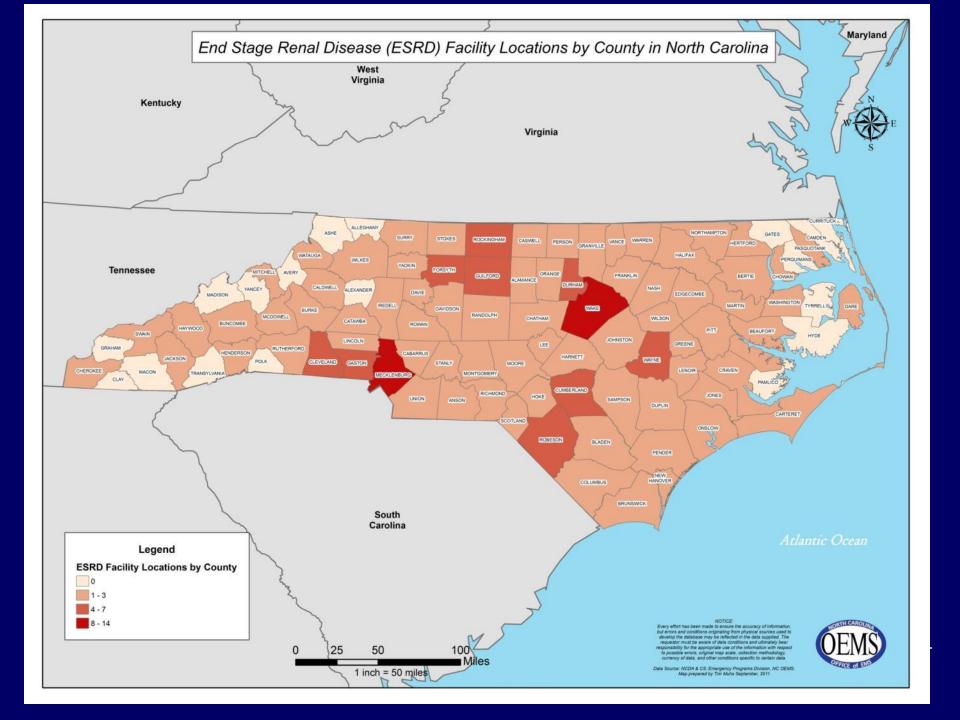


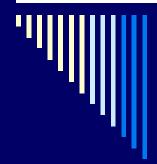




End-Stage Renal Disease Dialysis Facility Data

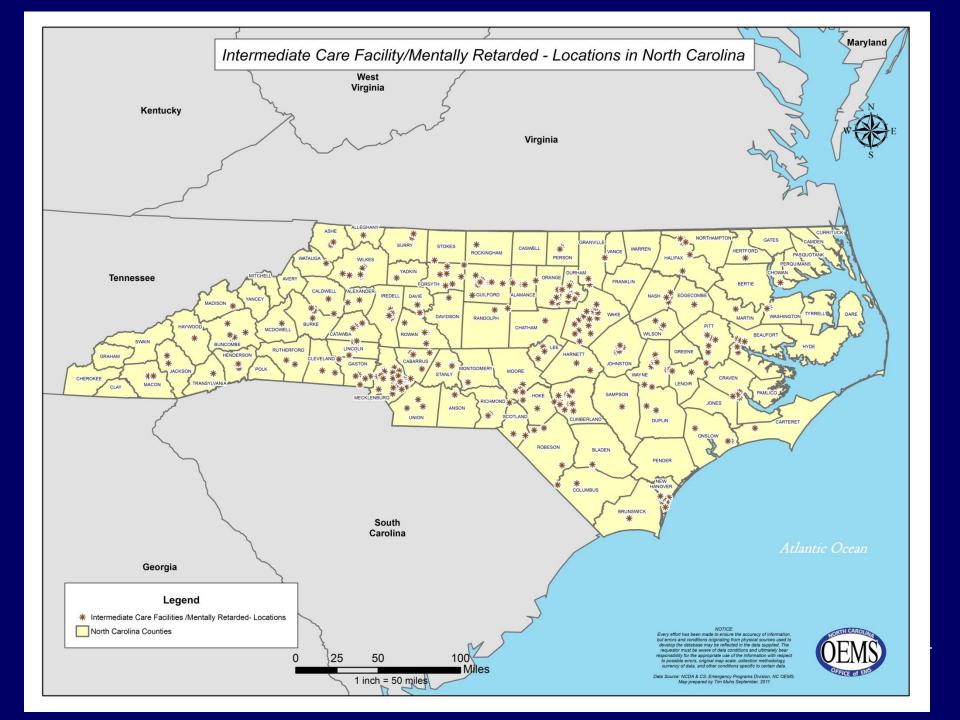
- 174 dialysis facilities in operation
- 4,124 certified dialysis stations
- 74 facilities were above 80% utilization
- Each dialysis station can serve four patients per week.
- 12,649 patients receiving in-center dialysis services (on 12/31/10)
- Certificates of Need had been issued for an additional 193 dialysis stations.

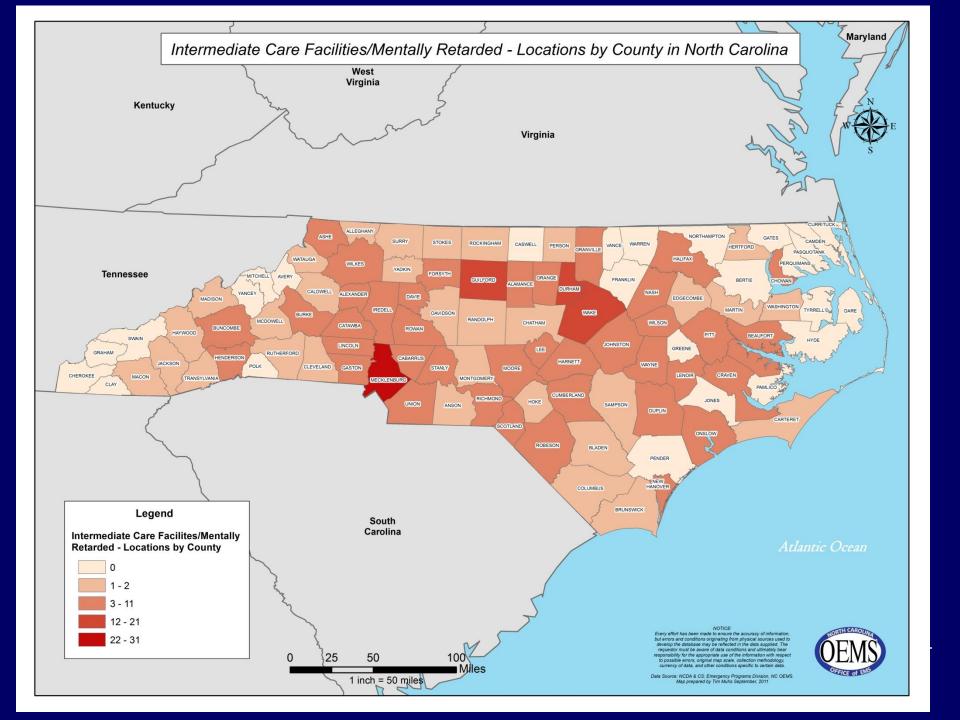


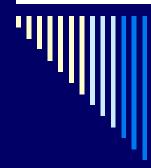


Intermediate Care Facilities/ Mentally Retarded Data

- 328 licensed ICF/MR facilities
 - 2,729 community based certified beds
- Plus 4 state-operated facilities
 - 2,355 certified beds
 - State operated ICF/MR facilities are exempt from licensure and CON review.

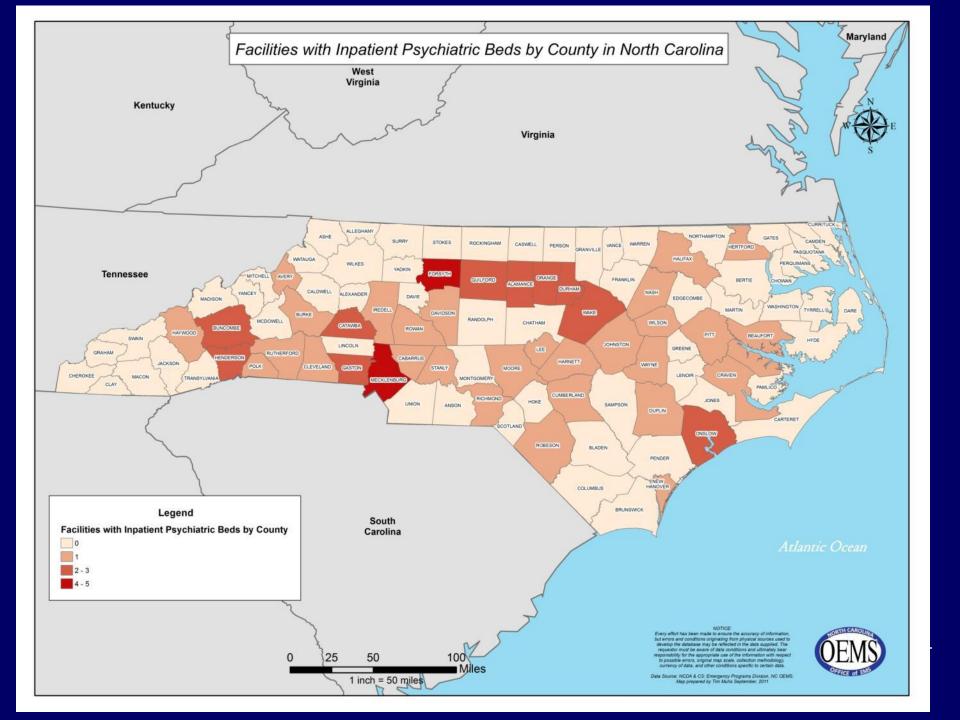


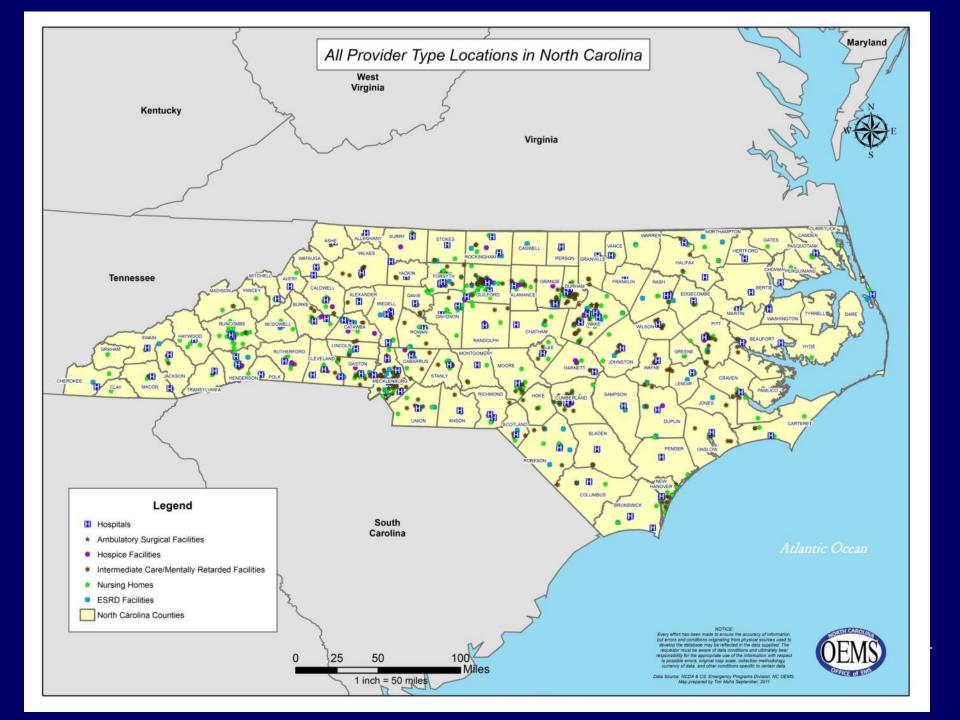


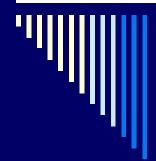


Inpatient Psychiatric Beds

- □ 1,744 licensed beds
- 3 free-standing psychiatric hospitals
- 56 general acute care hospitals with designated psychiatric units







2010 CON Application Reviews & Appeals

- 156 Applications Reviewed
- 112 Non-Competitive Reviews
 - 102 Approved
 - 10 Disapproved
 - 12 Appealed
- 11 Competitive Reviews
 - Included 45 Applications
 - 14 Approved
 - 23 Appealed
- 35 Total # Applications Appealed



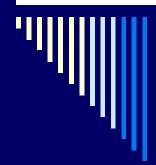
Non-competitive <u>and</u> Competitive Applications

- Each application must conform to all applicable statutory and regulatory review criteria.
- CON Section determines if conforming.
- Application will be denied if CON Section determines the application is not conforming to one or more of the statutory review criteria or applicable rules.
- Under certain circumstances, CON Section may impose a condition that would correct the deficiency in the application.



When is a Review Competitive?

- If the approval of one application requires the disapproval of another application.
- Typically when there is a limit on the number of beds or pieces of equipment that can be approved due to a need determination in the State Medical Facilities Plan.
- If 10 applicants apply for 1 MRI scanner, only 1 applicant can be approved (G.S. 131E-183(a)(1)).



Competitive Review Process

- Review each application independently.
- Conduct a comparative analysis to determine which application is the most effective alternative.
- Applications that are not conforming to ALL applicable statutory and regulatory review criteria are not considered to be effective alternatives and are denied.



Appeals

- Why are non-competitive applications appealed?
 - The applicant may appeal the denial of his or her application.
 - An "affected person" (as defined in G.S. 131E-188.(c)) may appeal the approval of the application.



Time Frames for Appeals

- Administrative Law Judge (ALJ) has 270 days from the date petition is filed to submit Recommended Decision to the Director of the Division (per CON law).
- ALJ/Office of Administrative Hearings (OAH) sends the Recommended Decision and record to the Director (per CON law). Typically takes 45-60 days.
- Director of the Division has 30 days after receiving the record to make the Final Agency Decision but this can be extended for another 30 days.



Time Frames for Appeals (continued)

- Note: For petitions filed on or after 1/1/12, the ALJ will still have only 270 days to make a decision but it will be the final decision.
- Appeals to the Court of Appeals can take 1-2 years to be decided.
- Decisions by the Court of Appeals can be appealed to the Supreme Court.



State Agency Cost of Litigation FY 2010/2011

Contract Expense (attorney salaries & fringes) = \$406,802

Litigation =\$70,600

Total Cost =\$477,402



Acronyms & Abbreviations

- ALJ Administrative Law Judge
- DHSR Division of Health Service Regulation
- ESRD End-Stage Renal Disease
- ICF/MR- Intermediate Care Facilities /Mentally Retarded
- LTCH Long-Term Care Hospital
- OAH Office of Administrative Hearings
- SMFP State Medical Facilities Plan