### **ATTACHMENT A**

Physician Responsibilities

Name of Each Physician Affiliated with the	Does the Physician	Name of Each Hospital where the Physician	Provided Emergency	# of Nights on
Facility during the Reporting Period	have any Ownership	has Privileges (list only one	Room Coverage	Call during
and the second s	Interest in the	hospital per line) (provide supporting	during Reporting	Reporting
	Facility? (Yes or No)	documentation)	Period? (Yes or No)	Period
			(provide supporting	i ciiou
			documentation)	
			doodinoniaalon,	
Aldridge, Julian Mack	Υ	North Carolina Specialty Hospital	Υ	33
		Durham Regional Hospital		
		Rex Healthcare		
		Person memorial Hospital		
		Granville Medical Center		
Burt, Mark	Y	Rex Healthcare	Υ	51
		Wake Med		
		Duke Raleigh Hospital		
		Blue Ridge Surgery Center		
Dellaero, David	Y	Betsy Johnson Regional Hospital	Υ	35
		Durham Regional Hospital		
		North Carolina Specialty Hospital		
		Person memorial Hospital		
		Granville Medical Center		
		Davis Ambulatory Surgical Center		
Hage, William	Y	Wake Med	Υ	57
		North Carolina Specialty Hospital		
		Rex Healthcare		
		Blue Ridge Surgery Center		
Kerner, Paul	Υ	North Carolina Specialty Hospital	Υ	61
		Durham Regional Hospital		
		Rex Healthcare		
		Davis Ambulatory Surgical Center		
Kuremsky, Marshall	Υ	North Carolina Specialty Hospital	Y	73
		Rex Healthcare		
		Wake Med		
		Betsy Johnson Regional Hospital		
		Blue Ridge Surgery Center		
		Durham Regional Hospital		

### **ATTACHMENT A**

Romine, Lucas	N	North Carolina Specialty Hospital	Y	96
		Johnston Health	***************************************	
		Wilson Memorial Hospital		
		Betsy Johnson Regional Hospital		
Rosenberg, Brett	Υ	Person memorial Hospital	Y	84
		North Carolina Specialty Hospital		
		Johnston Health		
		Betsy Johnson Regional Hospital		
Rosenblum, Sheperd	Y	North Carolina Specialty Hospital	Υ	57
		Rex Healthcare		
		Wake Med		~~~
		Blue Ridge Surgery Center		
Silver, William	Υ	North Carolina Specialty Hospital	Y	25
		Durham Regional Hospital		
		Person memorial Hospital	····	
		Granville Medical Center		
		Blue Ridge Surgery Center		
		Rex Healthcare		
Solic, John	Υ	Durham Regional Hospital	Y	51
		Davis Ambulatory Surgical Center		
		Rex Healthcare		
	-	Wake Med		
		Blue Ridge Surgery Center	***	
		Person memorial Hospital		
Takenaga, Zachary	N	North Carolina Specialty Hospital	Υ	21
		Durham Regional Hospital	·····	
		Granville Medical Center	<del>-</del> a	
		Person memorial Hospital	······	
Viens, Nicholas	N	Granville Medical Center	Υ	44
		North Carolina Specialty Hospital		
		Durham Regional Hospital		
		Person memorial Hospital		
		Wake Med		
Winters, Steven	Υ	Granville Medical Center	Y	45
		North Carolina Specialty Hospital	······································	1
		Durham Regional Hospital		
		Person memorial Hospital		

# ATTACHMENT B

	7% Worksheet	Self-Pay	Medicaid	Total
Α	# of Surgical Cases	57	92	149
В	Average Medicare Allowable Amount per Surgical Case	3,325	2,526	2,876
C	Revenue (A x B)	183,837	232,408	416,245
D	Revenue Collected (net revenue by payor category)	44,688	55,994	100,682
E	Difference (C - D)	139,149	176,414	315,563
F	Total Net Revenue (all payors combined)	6,169,062	6,169,062	6,169,062
G	Percentage (E / F)	2.26%	2.86%	5.12%

### ATTACHMENT B

#### Year 3 Demonstration Project 7% Calculation

Year 3 analysis of indigent care determines that although the percentage of revenue with regards to indigent/charity care fell below 7%, the volume of patients that TOSC serves remains at or above 7% to date. TOSC and surgeon owners remain committed to serving ALL patients for non-elective orthopaedic care regardless of ability to pay. As reimbursements from commercial payors have improved since opening, the 7% calculation as determined in the plan has decreased, although all credentialed surgeons at TOSC are committed to serving all patients that meet patient selection criteria as determined by the Medical Executive Committee.

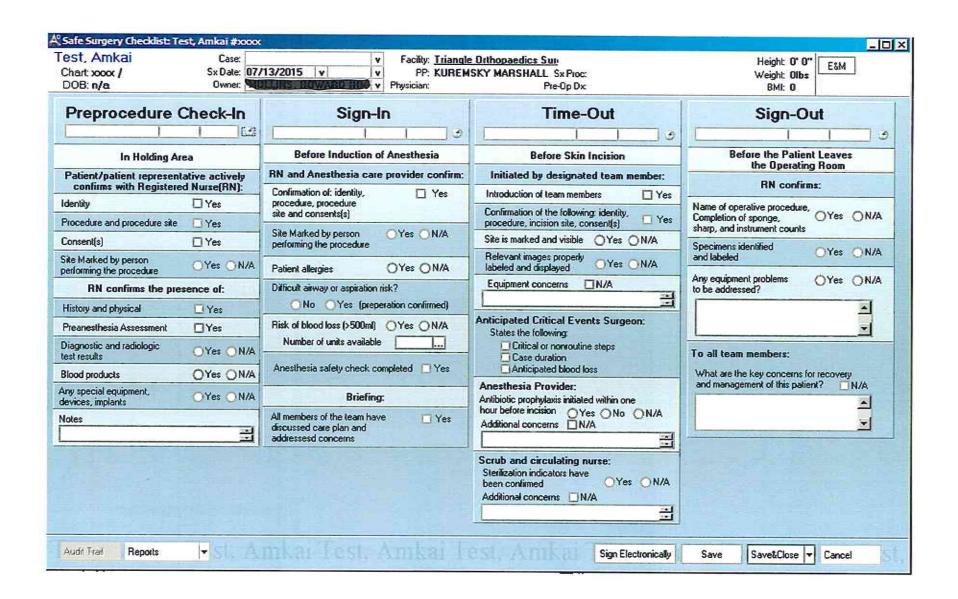
Patient Payment Data	From _8_ /_1_ /_15 To _7_ / 31 / 16
# of Surgical Cases	2234
REVENUE	
Gross Patient Revenue	
Self Pay/ Indigent/ Charity	406,631
Medicare / Medicare Managed Care	2,640,961
Medicaid	697,224
Commercial Insurance	13,081,440
Managed Care	253,038
Other (Specify)	3,454,100
Total	\$ 20,533,394
Deductions from Gross Patient Revenue	
Charity Care	89,653
Bad Debt	153,755
Medicare Contractual Adjustment	2,069,956
Medicaid Contractual Adjustment	625,891
Other Contractual Adjustments	10,482,590
Total Deductions from Patient Revenue	\$ 13,421,845
Net Patient Revenue Other Revenue	\$ 7,111,549
Total Revenue	\$ 7,111,549

## ATTACHMENT B

### Triangle Orthopaedic Surgery Center, LLC Rolling Twelve Months Income Statement 8/1/15-7/31/16

	Total
OP Surgery Gross Charges	\$20,437,250
ASC-Total Joint Gross Charges	96,144
Gross Revenue	20,533,394
Contractuals	(13,222,131)
Contractuals -Total Joint	(45,959)
Bad Debt Expense	(153,755)
Net Patient Revenue	7,111,549
Other Revenue	4,649
Total Net Revenue	7,116,198
Operating Expenses	
Clinical Supplies	2,231,743
Purchased Services	1,658,335
Professional Fees	30,491
Travel	3,363
Utilities	126,636
Other Operating Exp	607,179
Total Operating Expenses	4,657,748
Non-Operating Expenses	
Rent	597,555
Other Non Operation Eve	470 007
Other Non-Operating Exp	179,807
Corporate Gen. & Admin. Exp	57,416
Total Non-Operating	834,778
EBITDA	1,623,672
Depreciation	422,718
Amartization	4 704
Amortization Total Depreciation & Amortization	4,781 427,499
iotal pepieciation & Amortization	421,499
Investment Income & Expense	72,022
EBT	1,124,152
Net Income(Loss)	1,124,152

#### ATTACHMENT C



#### ATTACHMENT D

#### **Patient Outcomes**

A comprehensive set of measures were prioritized by the Quality Improvement Committee, Infection Control Committee, Safety Committee and Medical Executive Committee. The Medical Executive Committee is comprised of 3 physician owners and 1 non-owner, one of which also serves as the Anesthesia Supervisor. The MEC also serves as the PEER review Committee and reviews all cases in which an adverse event has occurred. TOSC collects data for both improvement priorities and continuing measurement of important aspects of care, including infection rates, within the first 30 days after discharge. Each surgeon is required to self report patient infection rates. TOSC has a 100% infection self-survey return rate and each infection that is reported is investigated using the attached Infection Investigation worksheet. Infections remain <1% in 2016. Quality measures including are also tracked and reported through QualityNet(2017 Payment Year...2015 data submission confirmation attached) to include, antibiotic timing, patient falls, patient burn, wrong site surgery, and hospital transfers. TOSCs participation in ASCQR Program is voluntary to date since TOSC has not met the annual minimum threshold of Medicare patients. Since Q1 2016, TOSC has also elected to begin reporting Quality Measures through ASCA Benchmarking which additionally includes medication errors. This allows us to evaluate the stability of our processes and the predictability of our outcomes against other ASCs nationally. TOSC's EMR also requires data input for the CMS Quality Indicators(GCodes) on each case performed.

### YEAR 3 reported data:

Infection rate: 0.36%
Medication Errors: 0.00%
Patient Falls: 0.00%
Patient transfer: 0.01%
Patient death: 0.00%

Attachments: CMS Quality Net ASCQR Confirmation

G-Gode Report Amkai

Quality Indicators reported in EMR

### ATTACHMENT D

## Start Structural/Web-Based Measures

08/01/2016 12:17:48PT

Ambulatory Surgical Center We	b-Based Measures			.⊟. Print
Submission Period 01/01/2016 - 08/15/2016		With Respect to Re 01/01/2015 - 12/		
Web-Based Measures   PY 2017				
Provider ID	ASC-6	ASC-7	ASC-9	ASC-10
1396089108	Completed	Completed	Completed	Com
			Angertaria	
	Assessment Commenter of the Commenter of			
	Back Paym	ent Year Selection	an American	

## **ATTACHMENT D**

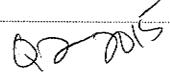
CMS Quality Indicators: Test, Amkai #xxxx		x
Test, Amkai Case: [Cancelled] Chart xxx / Sx Date: 03/20/201 DOB: n/a	The state of the s	Sx Proc: -Op Dx:
Confirmations:	G8917 Patient with Pre-Operative or G8918 Patient without Pre-Operative Patient documented not to have experienced any of the followrong side /site /patient /procedure /implant event, or a hos	rder for IV antibiotic for SSI prophylaxis administered on time. Ider for IV antibiotic for SSI prophylaxis NOT administered on time. It is order for IV antibiotic for SSI. It is over the second of
	Ratient Burn:     G8908 Patient documented to have received a burn prior to dicharge.     G8909 Patient documented to have not received a burn prior to dicharge.      Patient Fall in ASC Facility.     G8910 Patient documented to have experienced a fall	4. Hospital Transfer/Admission  G8914 Patient documented to have experienced a hospital transfer or hospital admission upon discharge from the ASC.  G8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from the ASC.
Tagged Nurses Notes:	within the ASC.  G8911 Patient documented to have not experienced a fall within the ASC.  3. Wrong Site/Side/Patient/Procedure/Implant  G8912 Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.  G8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.	5. Timing of Prophylactic Antibiotic Administration  G8916 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, anitbiotic administered on time.  G8917 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, anitbiotic NOT administered on time.  G8918 Patient without Pre-Operative order for IV antibiotic for surgical site infection.

### ATTACHMENT E

### **Interoperability** with Other Providers

TOSC continues to utilize AmkaiOffice and AmkaiCharts to ensure detailed data collection and reporting. An interface has been developed to allow demographic information to be sent from the physician's offices. See attached AmkaiOffice and AmkaiCharts product information. Hardcopy documents received are scanned into the patients chart in the corresponding section. The document can be viewed by clicking a link in either AmkaiOffice or AmkaiCharts. All providers have secure remote access to Amkai allowing for information to be obtained from off-site when needed. A complete medical record or particular sections of the chart can be faxed from within Amkai and tracked to ensure HIPAA compliance.

Batch (D)	Submitting organization came	e Begin date	End date
551001	Triangle Ortho Surg Ctr NC	04/01/2015	06/30/2015



## Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist.comp.
CHAMPUS: NOS	28	5.17%	8.52%
Commercial: Blue Cross	241	44.46%	43.27%
Commercial: HMO/PPO	12	2.21%	3.81%
Commercial: NOS	6	1.11%	0.22%
Commercial: PPO	117	21.59%	19.06%
Medicaid: NOS	22	4.06%	6.28%
Medicare: NOS (not otherwise specified)	50	9.23%	10.09%
Medicare: HMO	1	0.18%	
Other Government Payers: NOS	5	0.92%	0.67%
Self Pay	8	1.48%	1.79%
Worker's Compensation: NOS	52	9.59%	6.28%



## Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
CH	CHAMPUS: NOS	28	5.17%
BL	Commercial: Blue Cross	241	44.46%

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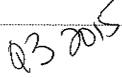
<sup>\*</sup>Historical comparison refers to previous year

Batch ID	Submitting organization nam	e Begindalo	Entrole 6
551001	Triangle Ortho Surg Ctr NC	04/01/2015	06/30/2015

Client input	Mapped payer description	Total discharges	% of Total
13	Commercial: HMO/PPO	12	2.21%
CI	Commercial: NOS	6	1.11%
12	Commercial: PPO	117	21.59%
MC	Medicaid: NOS	22	4.06%
MB	Medicare: NOS (not otherwise specified)	50	9.23%
16	Medicare: HMO	1	0.18%
OF	Other Government Payers: NOS	3	0.55%
VA	Other Government Payers: NOS	2	0.37%
09	Self Pay	8	1.48%
WC	Worker's Compensation: NOS	52	9.59%

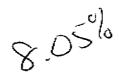
<sup>\*</sup>Historical comparison refers to previous year

Baich ID	Submitting organization came	e Begin date	End/date/
561970	Triangle Ortho Surg Ctr NC	07/01/2015	09/30/2015



### Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist.comp.
CHAMPUS: NOS	39	7.12%	6.88%
Commercial: Blue Cross	216	39.42%	46.37%
Commercial: HMO/PPO	18	3.28%	1.18%
Commercial: NOS	4	0.73%	1.38%
Commercial: PPO	122	22.26%	17.49%
Medicaid: NOS	22	4.01%	4.32%
Medicare: NOS (not otherwise specified)	57	10.40%	11.00%
Medicare: HMO	1	0.18%	
Other Government Payers: NOS	6	1.09%	0.79%
Self Pay	13	2,37%	3.73%
Worker's Compensation: NOS	50	9.12%	6,88%



## Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
СН	CHAMPUS: NOS	39	7.12%
BL	Commercial: Blue Cross	216	39.42%

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<sup>\*</sup>Historical comparison refers to previous year

Batch ID	Submitting organization nam	e / Begin dato	End date
1	Triangle Ortho Surg Ctr NC		09/30/2015

Client input	Mapped payer description	Total discharges	% of Total
13	Commercial: HMO/PPO	18	3.28%
Cl	Commercial: NOS	4	0.73%
12	Commercial: PPO	122	22.26%
MC	Medicaid: NOS	22	4.01%
MB	Medicare: NOS (not otherwise specified)	57	10.40%
16	Medicare: HMO	1	0.18%
11	Other Government Payers: NOS	1	0.18%
OF	Other Government Payers: NOS	4	0.73%
VA	Other Government Payers: NOS	1	0.18%
09	Self Pay	13	2.37%
WC	Worker's Compensation: NOS	50	9.12%

<sup>\*</sup>Historical comparison refers to previous year

Balch ID	Submitting organization nam	e Begin o <del>ate</del>	End date	
576112	Triangle Ortho Surg Ctr NC	10/01/2015	12/31/2015	

Q4505

## Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist.comp.
CHAMPUS: NOS	33	5.59%	7.53%
Commercial: Blue Cross	286	48.47%	46.76%
Commercial: HMO/PPO	10	1,69%	2.45%
Commercial: NOS	2	0.34%	0.70%
Commercial: PPO	128	21.69%	21.02%
Medicaid: NOS	20	3.39%	2.80%
Medicare: NOS (not otherwise specified)	55	9.32%	11.56%
Other Government Payers: NOS	5	0.85%	0.53%
Self Pay	8	1.36%	1.58%
Worker's Compensation: NOS	43	7,29%	5.08%

## Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
CH	CHAMPUS: NOS	33	5.59%
BL	Commercial: Blue Cross	286	48.47%
13	Commercial: HMO/PPO	10	1.69%

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<sup>\*</sup>Historical comparison refers to previous year

Batch (B) Submitting organization nam	e ( <b>Geg</b> in)date	End dela
576112 Triangle Ortho Surg Ctr NC	10/01/2015	12/31/2015

Client input	Mapped payer description	Total discharges	% of Total
CI	Commercial: NOS	2	0.34%
12	Commercial: PPO	128	21.69%
MC	Medicaid: NOS	20	3.39%
MB	Medicare: NOS (not otherwise specified)	55	9.32%
11	Other Government Payers: NOS	4	0.68%
VA	Other Government Payers: NOS	1	0.17%
09	Self Pay	8	1.36%
WC	Worker's Compensation: NOS	43	7.29%

<sup>\*</sup>Historical comparison refers to previous year

	atch ID	Submitting organization name	e Begin date	End date
5	88807	Triangle Ortho Surg Ctr NC	01/04/2016	03/31/2016

Q2 2016

### Discharges by primary payer (Mapped)

Mapped primary payer	Total discharges	% of total	*Hist.comp.
CHAMPUS: NOS	44	8.04%	8.95%
Commercial: Blue Cross	225	41.13%	44.95%
Commercial: HMO/PPO	13	2.38%	1.33%
Commercial: NOS	5	0.91%	0.57%
Commercial: PPO	115	21.02%	15.81%
Medicaid: NOS	24	4.39%	5.90%
Medicare: NOS (not otherwise specified)	72	13.16%	11.62%
Other Government Payers: NOS	6	1.10%	0.76% ~
Self Pay	11	2.01%	1.52%
Worker's Compensation: NOS	32	5.85%	8.57%

7.42%

## Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
СН	CHAMPUS: NOS	44	8.04%
BL	Commercial: Blue Cross	225	41.13%
13	Commercial: HMO/PPO	13	2.38%

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<sup>\*</sup>Historical comparison refers to previous year

Balch ID	Submitting organization nam	e :Begin date	End date
	Triangle Ortho Surg Ctr NC		03/31/2016

Client input	Mapped payer description	Total discharges	% of Total
Cí	Commercial: NOS	5	0.91%
12	Commercial: PPO	115	21.02%
MC	Medicaid: NOS	24	4.39%
MB	Medicare: NOS (not otherwise specified)	72	13.16%
11	Other Government Payers: NOS	1	0.18%
OF	Other Government Payers: NOS	2	0.37%
VA	Other Government Payers: NOS	3	0.55%
09	Self Pay	11	(2.01%)
WC	Worker's Compensation: NOS	32	5.85%

<sup>\*</sup>Historical comparison refers to previous year