August 10, 2018

Christopher Ullrich, M.D., Chairman North Carolina State Health Coordinating Council c/o Healthcare Planning Section Division of Health Service Regulation 2714 Mail Service Center Raleigh, NC 27699-2714

Re: Novant Health, Inc. Comments Regarding Vascular Access Petition for Demonstration Project in 2018 SMFP

Dear Dr. Ullrich:

Novant Health, Inc. appreciates the opportunity to comment on the petition (the "Petition") submitted on July 26, 2017 by American Access Care of NC, PLLC, Eastern Nephrology Associates, PLLC, Metrolina Nephrology Associates, PA, and North Carolina Nephrology Associates (the "Practices"), and Fresenius Vascular Care, Inc. d/b/a Azura Vascular Care ("Azura"). Specifically, the Petition proposes an adjusted need determination for a demonstration project to develop two operating rooms in each of the six Health Service Areas statewide, to be located in single-specialty vascular access ambulatory surgical facilities, to provide a full range of vascular access services necessary for ESRD patients, including the surgical creation, management and maintenance of patients' vascular accesses. Novant Health has reviewed the Petition, and supports the inclusion of the need determinations described in the Petition, subject to two important caveats:

First, if such need determinations are placed in the 2018 SMFP, the subsequent CON application opportunities must be open to all qualified applicants, including acute care hospitals. These need determinations and CON filing opportunities must not be limited to physician groups (or any other type of applicant, for that matter).

Second, if such need determinations are placed in the 2018 SMFP, all applicants in the subsequent CON reviews should be given equal consideration. In other words, no applicant should have priority consideration in the subsequent CON reviews because it is a physician group, hospital, ASC or some other type of provider.

These modifications are necessary to ensure that the pillars of the SMFP – quality, access and value – are upheld. Several North Carolina hospital systems, including Novant Health, have robust vascular surgery programs and significant experience performing the type of life-saving procedures described in the Petition. To ensure the best possible outcomes for patients, it is critical that all applicants who have the necessary expertise have the chance to apply to meet the need determinations. No applicant – and consequently no patient in need of the services described in the Petition – should be disadvantaged just because the applicant is a hospital.

Further Proposed Modifications to the Petition:

The language of the need determination states that the ASC must be separately licensed, which necessarily excludes hospital outpatient departments ("HOPD") ASCs. Novant Health operates several HOPD ASCs and several separately-licensed ASCs. Both types of facilities play important roles in delivering high quality, cost effective surgical services to thousands of North Carolina residents each year. So as not to exclude potential hospital applicants, Novant Health respectfully suggests that it be left to the applicant to decide which type of facility to propose, and that the SHCC not mandate that the facility be separately licensed. Through the CON review process, the CON Section can decide, among other things, whether the applicant has proposed the least costly or most effective alternative (Criterion (4) of the CON Law) and whether its proposal is comparatively superior to other applicants' proposals in the same review cycle. But the CON process typically does not mandate the specific structure an applicant proposes; rather, it is left to the applicant how best to present its proposal. Novant Health respectfully requests that the SHCC leave it to the applicants to decide how best to present their proposals.

With respect to the chart provided on page 3 of the Petition, it appears that Criteria 1 and 2 are intended to foster physician ownership of the proposed Vascular Access ASCs. Novant Health respectfully suggests that the SHCC should be more concerned about providing access to the services described in the Petition and less concerned about ownership. Hospitals and physician groups routinely compete for CONs, including CONs for ORs. In several cases, the physician groups have been the successful applicants, even without the advantages that Criteria 1 and 2 impliedly confer to physician-only applicants. Further, some hospital applications for ASC CONs – including several ASC CON applications filed by Novant Health and its related entities – have been set up as limited liability companies so that physicians can become owners. Therefore, Novant Health recommends that Criterion 1 and 2 on the chart be deleted.

The applicant in a CON application will have to disclose its ownership, and the CON Section can take that information into account during its review, including in a comparative analysis of the applications. Thus, Criterion 1 (description of percentage ownership interest in the facility by each vascular surgeon and nephrologist) is superfluous. Further, the CON applicant will need to demonstrate the need for its proposed facility and the extent to which key stakeholders (including physicians) have been involved in the planning for the project, and the extent to which they support the project. An "owners only" or "employees only" Vascular Access ASC may have difficulty meeting these requirements, and could be deemed a less effective alternative in a competitive CON review. Thus, Criterion 2 (the proposed facility should provide open access to non-owner and non-employee nephrologists and vascular surgeons) appears to be superfluous. Moreover, a truly "open access" medical staff may conflict with legitimate credentialing processes which may be required by an accreditation body. See Criterion 6. Each facility will need to credential its physicians in accordance with its medical staff bylaws. Again, the CON Section has access to these documents as part of the CON application exhibits, and can decide whether they are consistent with the CON Law, and whether they make an applicant comparatively superior or inferior to another applicant in the same review cycle.

Criterion 5 on the chart on pages 3 and 4 of the Petition would require that "at least 60% of the total number of patients served each year shall be Medicare or Medicaid recipients." Novant Health strongly supports access for medically underserved patients, including Medicare and Medicaid recipients. However, Novant Health urges that the SHCC be cautious about adopting absolute percentages of service to Medicare and Medicaid recipients. The reason is that all providers are operating in a time of tremendous uncertainty. No one knows what the future holds for the Affordable Care Act, Medicare payment changes and Medicaid expansion. A percentage adopted in 2017 with the best of intentions may not be realistic in 2018. Indeed, changes to Medicare reimbursement for in-office vascular access procedures appear to be one of the primary drivers behind this Petition. See, e.g., discussion at page 7 of the Petition.

Due to circumstances that are unforeseen today and beyond any providers' control, providers who are subject to specific percentages may find that they are unable to achieve the mandated percentages. Novant Health is aware that this happened with regard to Triangle Orthopaedic Surgery Center, LLC's Year 3 projections for the single-specialty demonstration project CON that it received as a result of the 2010 need determination. The criteria for the 2010 demonstration projects required that the percentage of the facility's total collected revenue that is attributable to self-pay and Medicaid revenue shall be at least seven percent (the "7% Rule"). See Table 6D from the 2010 SMFP. In its Year 3 report, TOSC noted that as reimbursements from payors improved, the 7% revenue calculation had decreased, even though TOSC remained committed to serving all patients regardless of their ability to pay. See Exhibit A.

Again, the CON process takes into account the level of service that applicants provide to the medically underserved. See Criterion (13) of the CON Law. Pursuant to Criterion (13), The CON Section must evaluate applicants' past and projected future performance with respect to service to the medically underserved. In a competitive review, the CON Section can also compare the applicants with respect to their levels of charity care, as well as their levels of service to Medicare and Medicaid recipients. Thus, the current process effectively addresses the concern raised by Criterion 5 of the proposed need determination. Novant Health respectfully suggests that Criterion 5 be eliminated as part of the proposed need determination.

In sum, Novant Health supports the Petition, provided that the need determination does not exclude any qualified applicant, including acute care hospitals, from applying to meet the need determination and provided that no applicant is given priority based on its status as a hospital, physician group, ASC, etc. Having a level playing field for this demonstration project is essential to ensure quality, access and value. These comments also provide specific suggestions on changes to the criteria proposed on pages 3 and 4 of the Petition.

Novant Health appreciates the opportunity to have its views considered by the SHCC.

Sincerely.

John W. Foster Mann, MD Novant Health Surgical Service Line Leader

CC: Barbara L. Freedy, Director, Certificate of Need Novant Health, Inc. <u>blfreedy@novanthealth.org</u>

File: Novant Support for Vascular Access petition.08.10.17.docx

EXHIBIT A



Single-Specialty Ambulatory Surgery Facility Demonstration Project Annual Evaluation

Instructions: No later than ______ return two completed copy of this evaluation form to the Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation.

Evaluation is for	circle the	appropriate year):
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Year 1	Yea	ar 2	C	Year 3)	Year 4	Year 5
Reporting I	Period:	03/0)1/20	15	through	02/29/201	6
	((Month	/Day/	Year)		(Month/Day/	Year)

Facility Information

Facility Name: Triangle Orthopaedics Su	irgery Center, LLC
CON Project ID #: J-8616-10	Surgical Specialty: Orhtopedics
Date of initial license: 2/25/2013	Date of initial accreditation: 5/20/2013
Accrediting body: AAAHC	

Care to Self-Pay and Medicaid Patients

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to demonstrate that the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue collected from self-pay and Medicaid surgical cases was at least *seven percent of the total revenue* collected for all surgical cases performed in the facility. Complete the attached Form A (Revenue and Expense Statement) and Form B (7% Worksheet) and attach to this report.

Report to Statewide Data Processor

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period? <u>Yes</u> Provide supporting documentation. *Attachment C*

Surgical Safety

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to complete a Surgical Safety Checklist before each surgery is performed. What was the percentage of surgeries for which a Surgical Safety Checklist was actually completed? 100 % Provide supporting documentation. *Attachment D*



Patient Outcomes

1. Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to develop a system to measure and report patient outcomes. Attach a detailed description of the system used by the facility during the reporting period.

Note: At a minimum, patient outcome measures *must* include: wound infection rate; number and percentage of post-operative infections; number and percentage of post-procedure complications; number and percentage of readmissions; and the number and percentage of medication errors.

2. Provide the patient outcome results for each patient outcome measure used during the reporting period. *Attachment E*

Interoperability with Other Providers

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to describe the system used to enhance communication and ease data collection (e.g., electronic medical records). Attach a detailed description of the system used by the facility during the reporting period. *Attachment F*

Open Access to Physicians

- Did you represent in your application that the facility would provide open access for physicians? X_ Yes No
- 2. If you answered yes, attach a detailed description of the facility's policy.
- 3. How many non-owner affiliated physicians performed surgery at the facility during the reporting period? _____ *Attachment G*

Physician Responsibilities

- 1. How many physicians, both owner and non-owner, were affiliated with the facility during the reporting period? ____14_____
- 2. How many physicians affiliated with the facility established or maintained hospital staff privileges with at least one hospital during the reporting period? _____100%_____
- 3. How many physicians affiliated with the facility began or continued to meet Emergency Department coverage responsibilities with at least one hospital? ____100%
- 4. Complete the attached Physician Responsibilities form. Attached

The undersigned hereby assures and certifies that the information included in this evaluation form and all attachments is correct to the best of my knowledge and belief.

Signature:	 Date:	
Print Name and Title		

01/01/2015

	7% Worksheet	Self-Pay	Medicaid	Total
A	# of Surgical Cases	57	92	149
B	Average Medicare Allowable Amount per Surgical Case	3,325	2,526	2,876
C	Revenue (A x 6)	163,637	232,408	416,245
D	Revenue Collected (net revenue by payor category)	44,688	55, 9 94	100,682
E	Difference (C - D)	139,149	176,414	315,563
F	Total Net Revenue (all payors combined)	6,169,082	6,169,062	6,169,062
G	Percentage (E / F)	2.26%	2.86%	5.12%

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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 <u>8 / 1 / 15</u> To <u>7 / 31 / 16</u>
# 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	S 20,633,394
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 Patlent Revenue	\$ 7,111,549
Other Revenue	
Total Revenue	\$ 7,111,549

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

	Total
OP Surgery Gross Charges ASC-Total Joint Gross Charges	\$20,437,250 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
Ufilities	126,636
Other Operating Exp	607,179
Total Operating Expenses	4,657,748
Non-Operating Expenses Rent	597,555
Other Non-Operating Exp	179,807
Corporate Gen. & Admin. Exp	57,416
Total Non-Operating	834,778
EBITDA	1,623,672
Depreciation	422,718
Amertization Total Depreciation & Amortization	<u>4,781</u> 427,499
Investment Income & Expense	72,022
ËBT	1,124,152
Net Income(Loss)	1,124,152

					Kuremsky, Marshall				Kerner, Paul			Hage, William						Dellaero, David				Burt, Mark					Aldridge, Julian Mack	Name of Each Physician Affiliated with the Facility during the Reporting Period #
					¥				Y									~				Y					Y	Does the Physician have any Ownership interest in the Facility? (Yes or No)
Durham Regional Hospitai	Blue Ridge Surgery Center	Betsy Johnson Regional Hospital	Wake Med	Rex Healthcare	North Carolina Specialty Hospital	Davis Ambulatory Surgical Center	Rex Healthcare	Durham Regional Hospital	North Carolina Specialty Hospital	Blue Ridge Surgery Center	North Carolina Specialty Hospital	Wake Med	Davis Ambulatory Surgical Center	Granville Medical Center	Person memorial Hospital	North Carolina Specialty Hospital	Durham Regional Hospital	Betsy Johnson Regional Hospital	Blue Ridge Surgery Center	Duke Raleigh Hospital	Wake Med	Rex Healthcare	Granville Medical Center	Person memorial Hospital	Rex Healthcare	Durham Regional Hospital	North Carolina Specialty Hospital	Name of Each Hospital where the Physician has Privileges (list only one hospital per line) (provide supporting documentation)
		100,417 4			ү	3			Y		-	Y .						Y				Υ		wjanju -		1/2000	Y	Provided Emergency Room Coverage during Reporting Period? (Yes or No) (provide supporting documentation)
					73				61			57						35				51					33	# of Nights on Call during Reporting Period

			Winters, Steven					Viens, Nicholas				l akenaga, ∠achary						Solic, John						Silver, William				Rosenblum, Sheperd				Rosenberg, Brett			
			~					Z				Z						~						Y				~				~			
Person memorial Hospital	Durham Regional Hospital	North Carolina Specialty Hospital	Granville Medical Center	Wake Med	Person memorial Hospital	Durban Degional Licentral	North Carolina Specially Hospital	Granville Medical Center	Person memorial Hospital	Granville Medical Center	Durham Regional Hospital	North Carolina Specialty Hospital	Person memorial Hospital	Blue Ridge Surgery Center	Wake Med	Rex Healthcare	Davis Ambulatory Surgical Center	Durham Regional Hospital	Rex Healthcare	Blue Ridge Surgery Center	Granville Medical Center	Person memorial Hospital	Durham Regional Hospital	North Carolina Specialty Hospital	Blue Ridge Surgery Center	Wake Med	Rex Healthcare	North Carolina Specialty Hospital	Betsy Johnson Regional Hospital	Johnston Health	North Carolina Specially Hospital	Person memorial Hospital	Betsy Johnson Regional Hospital	Wilson Memorial Hospital	Johnston Health
		and the second sec	4					Y			~~~~	Å	\$		*******	-		~					******	~				Y		,,		~			
			45		 ,			44				21						51						25				57				84			

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ATIONS MANUAL, 2014, ; duced, sorted in a retrieva express, written consent o © 2015 Truv		241	Total discharges	t)	52 9,59%	8 1.48%	5 0.92%	1 0,18%	50 9.23%	;	117 21.59%	6 1.11%	12 2.21%	241 44.46%	28 5.17%	Total discharges % of total	ped)	15 06/30/2015	P P	nappings
IUAL, 2014, is copyrighted by American Hospital Association (" 1 in a retrieval system, or transmitted, in any form or by any me ten consent of AHA. © 2015 Truven Health Analytics Inc.		44.46%	8		6.28%	1.79%	0.67%		10.09%	6.28%	19.06%	0.22%	3,81%	43.27%	8,52%	*Hist.comp.				
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551001 Triangle Ortho Surg Ctr NC 04/01/2015 06/30/2015

Discharges by primary payer (Client)

9.59%	52	Worker's Compensation: NOS	WC
1.48%	8	Self Pay	60
0.37%	2	Other Government Payers: NOS	VA
0.55%	3	Pay	Ŷ
0.18%		Medicare: HMO	16
9,23%	50	Medicare: NOS (not otherwise specified)	MB
4.06%	22	Medicaid: NOS	MC
21.59%	21F	Commercial: PPO	12
1.11%	ŋ	Commercial: NOS	CI
2.21%	12	Commercial: HMO/PPO	13
% of Total	Total discharges	Mapped payer description	Client input

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PECIFICATIONS MANUAL, 20 / be reproduced, sorted in a re lout prior express, written cons	rear			Total discharges	r (Client)	50 9.12%	13 2.37%	6 1,09%	1 0.18%		22 4.01%	122 22.26%	4 0.73%	18 3.28%	216 39.42%	39 7.12%	Total discharges % of total	r (Mapped)		07/01/2015 09/30/2015	dard mappings
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661970 Triangle Ortho Surg Ctr NC 07/01/2015 09/30/2015

Discharges by primary payer (Client)

9.12%	50	Worker's Compensation: NOS	WC
2.37%	13	Self Pay	8
0,18%		Other Government Payers: NOS	MA
0.73%	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other Government Payers: NOS	P
0,18%		Other Government Payers: NOS	1
0.18%		Medicare: HMO	16
10.40%	57	Medicare: NOS (not otherwise specified)	MB
4.01%	22	Medicaid: NOS	MC
22.26%	122	Commercial: PPO	12
0.73%	4	Commercial: NOS	0
3,28%	61	Commercial: HMO/PPO	13
% of Total	Total discharges	Mapped payer description	Client input

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ETA112 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.
	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	СЛ ,	0.85%	0.53%
Self Pay	00	1.36%	1.58%
Worker's Compensation: NOS	43	7000 7	

Discharges by primary payer (Client)

Client Input	Mapped payer description	Total discharges % of Total	% of Total
유	CHAMPUS: NOS 33 5.59%	33	5.59%
<u>co</u>	BL Commercial: Blue Cross 286 48,47%	286	48.47%
13	13 Commercial: HMO/PPO	10	1.69%

*Historical comparison refers to previous year

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Discharges by primary payer (Client)

7.29%	43	Compensation: NOS	WC Worker's
1,36%		Self Pay	60
0.17%		Other Government Payers: NOS	Å
0.68%	4	Other Government Payers: NOS	11
9.32%	55	Medicare: NOS (not otherwise specified)	MB
3.39%	20	Medicaid: NOS	MC
21,69%	128	Commercial: PPO	12
0.34%	N	Commercial: NOS	0
% of Total	Total discharges	Mapped payer description	Client input

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Discharges by primary payer (Mapped)	lapped)	~	
Mapped primary payer	Total discharges % of total	*Hist.comp.	
	8.04%	8.95%	
Commercial: Blue Cross	225 41.13%	44,95%	
Commercial: HMO/PPO	13 2,38%	1.33%	
Commercial: NOS	0	0.57%	
Commercial: PPO	115 21.02%	15.81% >	
Medicald: NOS	24 4.39%	5.90%	~
Medicare: NOS (not otherwise specified)	72 13.16%	11,62%	2425
Other Government Payers: NOS	6 1.10%	122	1. 10 10
Self Pay	11 2.01%	1.52%	
Worker's Compensation: NOS	32 5,85%	8.57%	
Discharges by primary payer (Client)	lient)		
Client input Mapped payer description	Total discharges	% of Total	
CH CHAMPUS: NOS	44	8.04%	
BL Commercial: Blue Cross	225	41,13%	
13 Commercial: HMO/PPO	13	2.38%	
*Historical comparison refers to previous year			
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Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
Q	Commercial: NOS	ហ	0.91%
12	Commercial: PPO	115	21,02%
MO	Medicald: NOS	24	4.39%
MB	Medicare: NOS (not otherwise specified)	72	13,16%
	Other Government Payers: NOS	-1 .	0.18%
<u></u>	Other Government Payers: NOS	2	0.37%
VA	Other Government Payers: NOS	ω	0.55%
60	Self Pay	45	201%
WC	Worker's Compensation: NOS	32	5.85%

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*Historical comparison refers to previous year

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Report to Statewide Data Processor

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period? <u>Yes</u> Provide supporting documentation.

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pital Association ("AHA"), Chicago, Illinois. No form or by any means, electronic, mechanical, Page 1 of 3					

Discharges by admission source

Admission source adult

	Information not	Admission source discharges	-	
	542	discharģes	Total	
•	100.00%	total	% of	
	100.00%	comp.	"Hist	

"Historical comparison refers to previous year' Run date: 07/10/2015 02:56 PM

Outpatient executive summary

551001	
Triangle Ortho Surg Ctr NC (State of the Data States
NC 0	
4/01/2015	
04/01/2015 06/30/2015	
	;

Discharges by age range

1,79%	3.14%	17	75+
9.42%	0 7.38% 9.42%		65 - 74
38,57%	40.22% 38.57%		45 - 64
40.36%	205 37,82% 40,36%		18 - 44
9.87%	11.44% 9.87%	17 62	, - 17
comp.	% of total	Age range description discharges % of total	Age ra
7 filst.		Total	

Discharges by medical record

Not Reported 542 100.00% 100.00%	Medical record #
542	Total díscharges
100.00% 100.00%	% of total
100.00%	"Hist

Discharges by ethnic origin

Non Hispanic	Hispanic	Ethnic origin
534	8	Total discharges
98.52% 96.86	1.48%	% of total
% 96.86%	3,14%	*Hist.comp.

Discharges by race

427	2g	(or African 85 rican	2	Race discharges
78.78%	5.17%	15.68%	0.37%	% of total
79.60%				"Hist comp.

"Historical comparison refers to previous year Run date: 07/10/2015 02:56 PM

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HA"), Chicago, Illinois. No ns, electronic, mechanical, Page 1 of 3		·			

1.382				
561970 Triangle Orth	Friangle Ortho Surg Ctr NC 07/01/2015 09/30/2015	01/2015 0	9/30/2015	
Discharges by admission type	admission ty	pe		
Admission type	Total		total	*Hist
Information not		548 100.00%		100,00%
Discharges by ZIP code	ZIP code	We (We bit We bit)		i
ZIP code	Totaf discharges			
Valid		% of total	*Hist	Ϋ́Ρ
In State		% of total	*Hist	Y I+
Out of State	542	% of total 98.91%	*Hist	34 Y I 4

Discharges by admission source

Admission source adult

	Information not available	Admission source	والمحمد والمحمد المحمد المحمد والمحمد و
	548	Total discharges	
a 10 mail 7446 da vir dave	100.00%	% of total	
	100.00%	*Hist, comp.	

"Historical comparison refers to previous year" Run date: 10/19/2015 11:44 AM

Outpatient executive summary

561970 Triangle Ortho Surg Ctr NC	
07/01/2015 09/	
09/30/2015	

Discharges by age range

	65 - 74			1-17	Age range description
21	47	235	188	57	Total n discharges % of lotal
	8.58%			10.40%	% of total
3.83% 2.55%	9.04%	39,10%	39.88%	9,43%	"Hist. comp,

Discharges by medical record

Not Reported	Medical record #
548 100.00% 100.00%	Total 9 discharges t
100.00%	% of total
100.00%	⁺Hist. comp.

Discharges by ethnic origin

Non Hispanic	Hispanic	Ethnic origin Total o
536	12 2.	lischarges
97.81%	%81	% of total
97.81% 96.07%	3.93%	*Hist.comp.

Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Asian		0.18%	0.79%
Black or African American	55	3 16.97%	12.57%
q			0.20%
Other Race	40	7.30%	7.30% 8.64%
White	414 414	75.55% 77,80%	77,80%

*Historical comparison refers to previous year Run date: 10/19/2015 11:44 AM

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pital Association ("AHA"), Chicago, Illinois. No form or by any means, electronic, mechanical, Page 1 of 3				

age 1 of 3

576112 Triangle Ortho Surg Ctr NC 10/01/2015 12/31/2015 Discharges by admission type	ngle Ortho Surg Cir NC 10	10/01/2015 12/3	//31/2015
		7 50 0	
Admission type	Total discharges		% of "Hist. total comp.
Information not available		590 100.00%	10
			
Discharges by ZIP code	2P code		
ZIP code	Total discharges	% of total	"Hist. comp.
Valid			
In State	584	98.98%	98.60%
Out of State	o ,	1.02%	1,40%

Discharges by admission source

TITLE SAMPLING

dmission source adult

	Total	% of	*Hist
Admission source	discharges	total	comp.
Information not	065	100.00%	100.00%
available			

"Historical comparison refers to previous year' Run date: 02/18/2016 04:04 PM

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Page 2 of 3

Outpatient executive summary

576112 Triangle Ortho Surg Ctr NC	
10 Surg Ctr NC	
10/01/2015	
12/31/2015	

Discharges by age range

Age range description	Total discharges % of total	% of total	"Hist.
1-17		10,17%	10.16%
18 - 44	235	235 39.83% 34.15%	34.15%
	251	42.54%	44,48%
65 - 74	32	5.42%	8_41%
75 +	12	2.03%	2.80%

Discharges by medical record

· · · · · · · · · · · · · · · · · · ·	Not Reported	Medical record # d
	590	Total discharges
	100.00%	% of total
	100.00%	"Hist, comp.

Discharges by ethnic origin

1111

Non Hispanic	Hispanic	Ethnic origin
Non Hispanic 576 97.63%	41	Total discharges %
97.63%	2.37%	% of total
97.63% 98.77%	1.23%	*Hist.comp.

Discharges by race

	Total	% of	*Hist
Race discharges	safut	total	comp.
Asian	-	0.17%	0.35%
Black or African	82	13.90%	14,89%
American			
Other Race	ន	6.10%	5.43%
White 471 79.83	471	471 79.83%	79.33%

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*Historical comparison refers to previous year Run date: 02/18/2016 04:04 PM

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.HA"), Chicago, Illinois. No ns, electronic, mechanical, Page 1 of 3				

588807 Triangle Ort	Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016	1/04/201	01/04/2016 03/31/2	2016
Discharges by admission type	admission t	ype		
Admission type	Total discharges	Total arges	চ হা হা হা	,Hist
Information not		547	100.00%	100.00%
available	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			r f. rag a triburge. Hand mit ver som der fa
Discharges by ZIP code	ZIP code			
ZIP code	<u>T</u> otal discharges	% of to[a]	<u>p</u> <u>q</u>	"Hist, comp.
Valid			: [
In State	542	%60'66		98.86%
Out of State	G	0.91%	8	1.14%

Discharges by admission source

Admission source adult

available	ĭ	Admission source		
:	547	discharges	Total	
	100.00%	total	% af	
	100.00%	comp.	"Hist,	

"Historical comparison refers to previous year" Run date: 05/20/2016 03:34 PM

Outpatient executive summary

568807 Triangle Ortho Surg Ctr NC 01/04/2016 03/31/2016	
	Ī

Discharges by age range

Age range description	Total discharges % of total	% of total	*Hist.
1-17	49	8.86%	9.52%
18 - 44	206	37.66%	37.66% 36,95%
÷	224 40,95%	40,95%	8
		10.24%	7.62%
75 +		12 2.19%	3.24%

Discharges by medical record

Not Reported	Medical record #	
 547	discharges	Totat
 100.00% 100.00%	total	% of
% 100.00%	comp.	"Hist.

Discharges by ethnic origin

Non Hispanic	Hispanic	Ethnic origin
anic 535	12	Total discharges
97.81%	2.19%	% of total
	- 1	
97.81% 97.52%	2.48%	*Hist.comp.

Discharges by race

White 433	Other Race	Black or African American	Asian	Race discharges
433	34 4	Ņ	ω	Total liges
433 79.16%		14.08%	0.55%	% of total
73.71%	8.19%	17,52%	0.57%	"Hist. comp.

*Historical comparison refers to previous year Run date: 05/20/2016 03:34 PM

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	Sim Electronicallo	alter to a later to a		Audit Trat Reports
	Scrub and circulating nurse: Stelifization indicators have been contillined Additional concernsN/A			
	Additional concerns UN/A	All members of the team have Ves discussed care plan and addressesd compens		Notes
and menagement	Antibiotic prophylaxis initiated within one	Briefing;	OYes ON/A	Arry special equipment, devices, implants
What are the key concerns for recovery	Anticipated blood loss	Anesthesia safety check completed Yes	OYes ON/A	Blood products
To all team members;	Citicat or nonroutine steps Case duration	Number of units available		Diagnostic and radiologic tect results
	Events Surgeon:	Risk of blood loss (>500ml) OYes ON/A		Preanesthesia Assessment
		Oilficult aiway or aspiration risk? No Yes (preperation confirmed)	e presence of:	History and physical
and labeled	Relevant images properly O Yes O N/A: labeled and displayed	Patient allergies OYes ON/A	OYes ONA	Site Marked by person performing the procedule
Speciment identified	ő	Site Marked by person O Yes O N/A performing the procedure		Consent(s)
	Confirmation of the following identity, Ves	site and consents(s)		Procedure and procedure site
1_1	Introduction of team members	Corviimation of: identity,	□Yes	Identity
the Upetating Hoom	Initiated by designated team member:	RN and Anesthesia care provider confirm:	sentative actively	Patient/patient representative actively
Before the Patient Leaves	Before Skin Incision	Before Induction of Anesthesia	ng Area	In Holding Area
Sign-Out	Time-Out	Sign-In	re Check-In	Preprocedure Check-In
Height O' O'' Weight Olbs BMI: O	Tiangle Orthopaedics Sun KUREMSKY MARSHALL Sx Proc Pre-Op Dx	07/13/2015 v v Facility Iriangle	Case: Sx Dale: 07/ Owner	Lest, Amkai Chart xoox / DOB n/a
			siz test, Ainkai #3000X	Sale Surgery Checkist Test, Amkai #2000. Test: Amkai

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 ASCOR 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

Attackment E Page 1 of 1

Start Structural/Web-Based Measures

08/01/2016 12:17:48PT

Ambulatory Surgical Center Web-Base	d Measures			.ु, Print
Submission Period 01/01/2016 - 08/15/2016		With Respect to Reporting Period 01/01/2015 - 12/31/2015		
Web-Based Measures PY 2017				
Provider ID	ASC-6	ASC-7	ASC-9	ASC-10
1395069108	Completed	Completed	Completed	Com
				2 2 1
[Back Paym	ent Year Selection)	· ·

Afflehment E

Generated by WASHICK, CHRISTINE

TRIO

Ambulatory Surgical Conter

at Monday, August 01, 2016 on WPP-XEN@PCTOSCCC1

Number of	2351.
TOWS:	
	the second difference of the second difference

G-Codes by DOS and Type (FormData) and Form Data Type (Encounter) and Status (Unsigned, Signed, Reviewed) and Form Data Extra Property (epCMS) and Form Data Service Date (between 3/1/2015 and 2/29/2016)

Attachment E

	Tagged Nurses Notes:			Confirmations:	Test, Amkai Case [Ga Chert xxxx / DOB: n/a
3. Wrong Site/Side/Patient/Procedure/Implant 1. G8912 Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event. 1. G8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.	 G8310 Patient documented to have experienced a fall within the ASC. G8311 Patient documented to have not experienced a fall within the ASC. 	1. Patient Burr: 68908 Patient documented to have received a burn prior to dicharge. 68909 Patient documented to have not received a burn prior to dicharge. 2. Patient Fall in ASC Facility.	Image: Construction of the patient with Pre-Operative order for IV antibiolic for SSI prophylaxis administered on time. CB8917 Patient with Pre-Operative order for IV antibiolic for SSI prophylaxis NDT administered on the G8918 Patient documented not to have experienced any of the following events: a burn pior to discharge; a fall within the facility: wrong side /site /patient /procedure /implant event, or a hospital transfer or hospital admission upon discharge from the facility: DR select one from each category:	CMS Qualifiers:	ncelled] [3/20/2014] ART 20/2014 [05:30PM v] v Physician
 G8917 Palient with Pre-Operative order for IV ambiotic surgical site infection prophylaxis, ambiotics NOT administered on time. G8918 Palient without Pre-Operative order for IV ambiotic for surgical site infection. 	5. Timing of Prophylactic Antibiobic Administration G8916 Patient with Pre-Operative order for IV	 4. Hospikal Transfer/Admission O G8914 Patient documented to have experienced a hospikal transfer or hospikal admission upon discharge from the ASC. O G8915 Patient documented not to have experienced a hospikal transfer or hospikal admission upon discharge from the ASC. 	GSS07 AND C GSS16 Palient with Pre-Operative order for IV antibiotic for SSI prophylaxis administered on time. GSS17 Palient with Pre-Operative order for IV antibiotic for SSI prophylaxis NOT administered on time. GSS18 Palient without Pre-Operative order for IV antibiotic for SSI. Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong side /site /patient /procedure /implant event, or a hospital transfer or hospital admission upon discharge from the facility; OR select one from each category;		reOp Dx

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.

Open Access to Physicians

In the CON process TOSC agreed that the facility would provide open access to all orthopedic surgeons in the surrounding area. Phone calls were made to area physicians as well as an invitation to TOSC's open house. In year 3, three non-owner physicians performed cases and have regular block time at TOSC. An application has been provided to an orthopedic physician that has expressed interest and multiple non-orthopedic providers have requested to be notified if there is a potential to expand service specialties in the future. A copy of TOSC's qualifications for membership from the Medical Staff Bylaws is attached.

ARTICLE IV MEMBERSHIP

4.1 NATURE OF MEMBERSHIP

Membership on the Medical Staff the Center is a privilege, which shall be extended only to professionally competent Practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Appointment to and membership on the staff shall confer on the Member only such Clinical Privileges and Prerogatives as have been granted by the Governing Board in accordance with these bylaws, and shall include Medical Staff category, and any service area assignments, if applicable. These Bylaws, in and of itself, shall not be construed in a manner as to create a contract, employment, property or liberty right, or interest in Privileges or the continuation of Privileges. An applicant or Member is neither an employee nor independent contractor of the Center unless such a relationship is

separately established between the Center and such applicant or Member. In the event of any conflict between these Bylaws and a specific contract between a Member and the Hospital, the terms of the contract shall control.

4.2 QUALIFICATIONS FOR MEMBERSHIP 4.2.1 General Qualifications

Only Practitioners deemed to possess basic qualifications may be granted membership on the Medical Staff. Practitioners may be granted membership after verification, who:

- (a) Provide documention of their (1) current state licensure, (2) photographic identification₂(3) adequate experience, education, and training, including any documentation of any interruptions of that experience, (4) current professional competence, good clinical judgement, and knwoledge through peer evaluation, (5) current DEA registration if applicable, and (6) proof of current medical liability coverage meeting the governing board requirements, and (7) current adequate physical and mental health status, or chemical dependency problems, so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) Are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the Practitioner-patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the Medical Staff;
- (c) Maintain in force continuous and uninterrupted professional liability insurance in not less than the minimum amounts; if any, as from time to time may be determined by the Governing Board. If professional liability insurance is obtained on a claims-made basis, the Member shall

be required to purchase tail insurance or its equivalent, as necessary, in order to prevent a lapse in coverage and shall provide evidence of such coverage to the Center.

- (d) Verify that they are not currently an Ineligible Person and shall not become an Ineligible Person and shall specifically agree to provide to the Medical Staff with or without request, any new or updated information that is pertinent to the individual's license, professional qualifications, current DEA registration, or any question on the application form, including but not limited to any change in Ineligible Person status, any change in the sanctions imposed or recommended by the U.S. Department of Health and Human Services or any State;
- (e) Document a history of previous professional liability claims, current claims and the final settlement or judgment rendered in each instance;
- (f) Report any information on licensure revocation, suspension, voluntary reliquishement, licensure probationary status, or other licensure conditions or limitations;

(g) Document any conviction of a criminal offense other than a minor traffic violation;

- (h) Document any complaints or adverse action reports filed against the applicant with a local, state, or national professional society or board;
- (i) Notify the Administrator of an denial, suspension, limitation, termination, or nonrenewal of clinical privileges at any hospital, helathplan, medical group, or other health care entity;
- (i) Notify the Administrator immediately upon receipt of notice of any professional liability claim or action pending against them regardless of the nature of such claim or action and its anticipated final outcome. A record of such claim or action and its ultimate outcome will be maintained in the Member's credentialing file.

4.2.2 Particular Qualifications

- (a) <u>Physicians.</u> An applicant for Physician membership in the Medical Staff, must hold an MD or DO degree or their equivalent, a current DEA registration, and a valid and unsuspended license to practice medicine issued by the appropriate MD and DO medical licensing boards for State. For the purpose of this Section, "or their equivalent" shall mean any foreign medical degree recognized by the medical licensing board for the State.
 - (b) Podiatrists. An applicant for podiatric membership on the Medical

Staff must hold a DPM degree and a valid and unsuspended license to practice podiatry issued by the podiatric licensing board of the State.

(c) <u>All Applicants</u> should have current medical staff status at an inpatient facility within the __Wake/Durham_County.

4.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership in the Medical Staff merely because that person holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility.

4.4 NONDISCRIMINATION

No aspect of Medical Staff membership or particular Clinical Privileges shall be denied on the basis of sex, race, age, creed, color, religion, national origin, or physical or mental impairment or other protected classification that does not prevent the Practitioner from performing the essential elements of Medical Staff membership.

4.5 HEALTH STATUS

The Practitioner will submit a written statement as to his/her physical and mental fitness to provide care associated with requested Privileges. Medical Staff policies will define the processes and controls for self-referral and referral by others, to include a method to maintain informant confidentiality, appropriate professional internal and external resources for evaluation, diagnosis, and treatment of the condition or concern, method to manage patient load under the care of a Practitioner, methods to substantiate claims made, and methods to initiate rehabilitation.

When the credentials committee, MEC, Governing Board or Manager has reason to believe that the physical and/or mental health status of a Practitioner may be impaired, the Practitioner shall be required to submit to an evaluation of physical and/or mental health status by a Member or Members designated by the MEC and as a prerequisite to the maintenance of Member's current Staff membership or the exercise proviously granted of Clinical Privileges, or to further consideration of application for Medical Staff reappointment or for initial-Medical Staff appointment.

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Triangle Orthopaedics Surg Ctr LLC	Cesa thea Through: Incough D2A16 Former: Summery Case Status: Performer: Sort By: Cese DOS Cesa Provider	Atatalge, Jullan (2) Burt, Marik (179) Delivera, David (3)	ge, William (36 mar, Paul (280 emsky, Marah mine, Lucas (1	osenbkuch, Site Bivor, Williem (1 Act, John (232)	Tskanaga, Rykai († 1) Visns, Alchrokas (48) Wutsre, Steven (4)	Total munt;	011:58 PM 08/01/16 6#1xi+N9/012-Moddle-tep 9.47.04.10

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Gases Monthly

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by case provider

Total	N	179	æ	SBE	280	593	*	BG	306	118	232	H	3	4	2234
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ızı	0	8	a	5	ž	3	N	7	30	¢	35	Б	4	٥	234
11/1	•	22	۵	ᅒ	ষ্ঠ	45	41	ę	2(₿)	5	ø	¢	0	17B
101	ø	4 3)	••	30	49	45	Ð	12	4	¢,	8	'n	rh	÷	185
9/1	-	Ω,	0	37	27		0	62	29	1 0	ន	n	-	N	196
6/1	o	16	G	27	23	23	ŗ	50	23	<u>1</u>	21	0	a	•	171
112	57	12	ð	Ę	5	8	0	•	ĝ	я	ч	ð	ы	ð	185
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