

Mission Health System, Inc.

Agreed Upon Procedures Report

For Year Ending September 30, 2013

**INDEPENDENT ACCOUNTANT'S REPORT
ON APPLYING AGREED-UPON PROCEDURES**

Mission Health System, Inc., North Carolina Department of Justice,
and Department of Health and Human Services

We have performed the procedures enumerated below, which were agreed to by Mission Health System, Inc. ("Mission" or the "Hospital"), North Carolina Department of Justice, and Department of Health and Human Services ("DHHS") (the specified parties), solely to assist you in determining Mission's compliance with the terms outlined in the Certificate of Public Advantage ("COPA") agreement between Mission and DHHS for the year ended September 30, 2013. Mission's management is responsible for the Hospital's accounting records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

This report was originally issued on October 13, 2014. Since that date, we have been made aware that one of the hospitals whose data was used in procedure four, Controls on Costs and Margins as described below, has amended its cost report. The amended amounts affect the calculations previously presented resulting in the need to reissue this report.

Our procedures and findings are as follows (Numbering below corresponds to Section III of the Third Amended Certificate of Public Advantage):

1. Obtain and read the most recent report from **The Joint Commission** regarding Mission's participation in the Hospital Accreditation Program.

1. Obtain and read the most recent report from **The Joint Commission** regarding Mission's participation in the Hospital Accreditation Program.

We obtained and read the most recent reports from the Joint Commission regarding Mission's participation in the Hospital Accreditation Program. The reports indicated that Mission is fully accredited.

2. Obtain Mission's North Carolina Hospital Community Benefits Report and agree the amounts reported to supporting documentation (e.g., audited financial statements, client supporting schedules, etc.).

We obtained Mission Hospital's North Carolina Hospital Community Benefits Report and agreed amounts reported to supporting documentation without exception.

Perform the following procedures for a sample of charity care patient discounts granted during the year that results in a 95% confidence level that Mission followed its Financial Assistance and Charity Care Policy:

- a. Obtain documentation supporting the charity discount granted from Mission's patient accounting system including the completed application and other supporting documentation.

We selected a sample of 60 charity care patient discounts granted during the year and obtained documentation supporting the charity care discount granted including the completed application and other supporting documentation.

- b. Read the patient's completed Mission Health System Financial Statement. If total amount of charity discount exceeded \$2,000, determine that proof of income and assets was performed and the financial statement was signed by the patient.

We obtained and read the patient's completed Mission Health System Financial Statement for the sample of charity care patient discounts referred to above. We determined that proof of income and assets was performed and that the financial statement was signed by the patient for each of

the charity care patient discounts that exceeded \$2,000. No exceptions were noted during this procedure.

- c. Determine that the charity discount was approved in accordance with the approval levels reflected in the Hospital's Financial Assistance and Charity Care Policy.

We determined that the charity discount was approved in accordance with the approval levels reflected in the Hospital's Financial Assistance and Charity Care Policy for the sample of charity care patient discounts referred to above. No exceptions were noted during this procedure.

- d. Determine that the patient's account was classified as "charity care" and the account was written off using the designated general ledger code.

We determined that the patient's account was classified as "charity care" and the account was written off using the designated general ledger code for the sample of charity care patient discounts referred to above. No exceptions were noted during this procedure.

- e. Determine that the Revenue Cycle management team completed regular audits of compliance with authorized signatory approval levels and documentation requirements for charity discounts granted.

We obtained documentation indicating that the Revenue Cycle management team completed regular audits of compliance with authorized signatory approval levels and documentation requirements for charity discounts granted in accordance with the Mission Health System Financial Assistance and Charity Care Policy in place during fiscal year 2013.

- f. Determine that the Mission Health System Financial Assistance and Charity Care Policy was reviewed at least annually by the Vice President of Revenue Cycle Management and any revisions, updates, or confirmation of no changes to the policy were approved by the Senior Vice President of Finance and CFO.

We obtained documentation indicating that the Mission Health System Financial Assistance and Charity Care Policy was reviewed by the Vice President of Revenue Cycle Management and any revisions, updates, or confirmation of no changes to the policy was approved by the Senior Vice President of Finance and CFO during 2013.

3. Perform the following procedures for a sample of purchases during the year that results in a 95% confidence level that Mission followed its Materials Management Policy and Procedures Manual:

- a. Determine that the equipment or supply item was purchased under a global purchasing contract.

We selected a sample of 60 purchases during the year and obtained documentation indicating whether the equipment or supply item was purchased under a global purchasing contract.

- b. If the equipment or supply item was not purchased under a global purchasing contract, obtain documentation of the Hospital obtaining bids as outlined in the matrix on page 2 of the Materials Management Policy and Procedure Manual covering the Solicitation of Bids.

For the equipment and supply items selected that were not purchased under a global purchasing contract, we obtained documentation of the Hospital obtaining bids as outlined in the matrix on page two of the Materials Management Policy and Procedure Manual covering the Solicitation of Bids. No exceptions were noted during this procedure.

4. Perform the following procedures related to Controls on Costs and Margins.

- a. Obtain the data elements listed in Schedule "2" for the Hospitals listed in Schedule "1".

We obtained the data elements shown in Attachment #1.

Note:

The cost report information was obtained independently of the individual hospitals, except as noted below. Other items listed were obtained directly from each respective hospital.

Exceptions:

The cost report information for Centra Health, Inc., was not obtained independently. Hospital personnel provided a copy of the cost report. The cost report information for Cape Fear Valley Medical Center has been amended from the original submission. The amended cost report was obtained from Hospital personnel.

- b. Based on the data elements collected, we will calculate the ratios in Schedule "3".

We computed the calculations and reported these amounts in Attachment #2.

Note:

Charity care (at cost) and bad debt expense were obtained for information only and were not used to calculate ratios listed.

- 5. Obtain the Hospital's five largest provider contracts (by revenue) and perform the following:
 - a. Read the provider contract and determine whether the agreement contains a provision that prohibits the Hospital from entering into a provider contract for any services it offers with any other health plan.

We obtained and read the five largest provider contracts (by revenue) and determined that none of the agreements contained a provision that prohibits the Hospital from entering into a provider contract for any services it offers with any other health plan.

- b. Read the provider contract and determine whether the agreement contains a provision that requires the payer to contract with the Hospital's employed physicians as a precondition to contracting with the Hospital or any of its affiliated facilities.

We obtained and read the five largest provider contracts (by revenue) and determined that none of the agreements contained a provision that requires the payer to contract with the Hospital's

employed physicians as a precondition to contracting with the Hospital or any of its affiliated facilities.

6. Obtain a listing of all contracts between the Hospital and individual physicians or groups of physicians. Excluding contracts with anesthesiologists, radiologists, nuclear medicine physicians, pathologists, psychiatrists, emergency-room physicians, infectious disease physicians, neonatologists, nephrologists, pediatric subspecialists (e.g., pediatric cardiologists); perinatologists, pulmonologists, radiation oncologists, trauma surgeons, cardiologists, cardiovascular surgeons, neurologists, and physicians providing services in Mission Health's community access clinics, select a sample of physician contracts that results in 95% confidence level regarding whether the agreements contain an exclusive provision that requires the physician or group of physicians to render services only at Mission Hospitals, or which requires only one physician or group of physicians to provide particular services at Mission Hospitals.

We obtained a listing of all contracts between the Hospital and individual physicians or groups of physicians (excluding the aforementioned exempted contracts) and selected all 10 physician contracts per listing to determine whether the physician contracts contained an exclusive provision that requires the physician or group of physicians to render services only at the Hospital, or which requires only one physician or group of physicians to provide particular services at the Hospital. Based on our procedures, we noted no contracts between the Hospital and individual physicians or groups of physicians (excluding the aforementioned exempted contracts) containing exclusive provisions that require the physician or group of physicians to render services only at the Hospital, or which requires only one physician or group of physicians to provide particular services at Mission Hospitals.

7. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
8. Obtain Hospital's calculation of the percentage of physicians in Buncombe and Madison counties under exclusive contracts and perform the following procedures:
 - a. Agree the data utilized in the numerator and denominator to supporting documentation.

We obtained the Hospital's calculation of the percentage of physicians in Buncombe and Madison counties under exclusive contracts and agreed numerator and denominator to supporting documentation without exception.

- b. Re-compute the percentage.

We recomputed the Hospital's percentage of physicians in Buncombe and Madison counties under exclusive contracts without exception. Per the Third Amended COPA, Mission Health may employ or enter into exclusive contracts with no more than 30% of the physicians in its primary service area of Buncombe and Madison Counties, except those practicing in the following areas: cardiology, genetics, hospitalist, neuro-hospitalist, and neurology. Per the Third Amended COPA, Section 6.1, Mission Health may enter into exclusive contracts with anesthesiologist; radiologists; nuclear medicine physicians; pathologists; psychiatrists; emergency-room physicians; infectious disease physicians; neonatologists; nephrologist; pediatric subspecialists; perinatologists; pulmonologists; radiation oncologists; trauma surgeons; cardiologists; cardiovascular surgeons; neurologists; and physicians providing services in Mission Health's community access clinics. We noted that Mission is under exclusive contract with over 30% of emergency room physicians, pathologists, and radiation oncologists as allowed in Section 6.1 of the Third Amended COPA.

9. Obtain and read the provider agreements with the five largest payers (by revenue) and determine whether the agreement contains a most favored nation provision that guarantees either party that it will receive the benefit of any better price, term, or condition that the other party to the contract allows to a third person for the same service.

We obtained and read the five largest provider agreements (by revenue) noting that none of the agreements contained a most favored nation provision that guarantees either party that it will receive the benefit of any better price, term, or condition that the other party to the contract allows to a third person for the same service.

10. Perform the following procedures for a sample of referrals for durable medical equipment, home health services, and home infusion services made by the Hospital that results in a 95% confidence level that Mission followed its policy regarding such referrals:

- a. Obtain documentation of Hospital staff informing patient or patient's family of the freedom to choose a particular provider.

We selected a sample of 60 referrals for durable medical equipment, home health services, and home infusion services made by the Hospital and obtained documentation to determine that Hospital staff informed patient or patient's family of the freedom to choose a particular provider. Based on our procedures, we noted two instances where documentation was not available to demonstrate that the patient or the patient's family was informed of his/her freedom to choose a particular provider. As a result of the documentation not being available for this item, we were not able to achieve a 95% confidence level.

- b. Determine that the patient's discharge plan identifies disclosable financial interests between the Hospital and particular providers on choice lists provided to the patient.

We obtained the patient's discharge plan for the sample of referrals for durable medical equipment, home health services, and home infusion services made by the Hospital, as referred to above, to determine that the discharge plan identifies disclosable financial interests between the Hospital and particular providers on choice lists provided to the patient. Based on our procedures, we noted two instances where documentation was not available to demonstrate that the patient was notified of a financial interest between the Hospital and particular providers. As a result of the exception noted, we were not able to achieve a 95% confidence level that Mission followed its policy regarding such referrals.

11. Obtain the Periodic Report and any Interim Report filed for the year and determine that the respective reports were filed in accordance with the terms of the Certificate of Public Advantage.

We obtained the Periodic Report filed for the fiscal year ended September 30, 2013. This Interim Report was filed in accordance with the terms of the Certificate of Public Advantage.

12. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
13. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
14. Obtain documentation of the Hospital's status as a non-profit entity.

We obtained correspondence from the Internal Revenue Service dated July 18, 2011 indicating that the Hospital was granted exemption from Federal income tax under Section 501(c)(3) of the Internal Revenue Code in March 1982.

15. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
16. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
17. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
18. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
19. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.
20. Perform the following procedures related to the Certificate of Public Advantage Update:

- a. Obtain and read Mission's Certificate of Public Advantage Update for the fiscal year ending September 30, 2013. This report is included as an attachment to the agreed-upon procedures report.

We obtained and read the aforementioned update and have included it as Attachment "3" to this report.

- b. Obtain and read the reconciliation of operating margins reported on the Mission Health System, Inc. COPA Report and Mission Hospital, Inc. Cost Report. This reconciliation is included as an attachment to the agreed-upon procedures report.

We obtained and read the aforementioned reconciliation and have included it as Attachment "4" to this report.

- c. Agree amounts reported to supporting documentation (e.g., audited financial statements, client supporting schedules, etc.).

We agreed amounts reported to supporting documentation without exception.

- d. Re-perform mathematical computations presented in the report.

We re-performed mathematical computations presented in the report without exception.

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the accounting records. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

Mission Health System, Inc., North Carolina Department of Justice,
and Department of Health and Human Services
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This report is considered proprietary in nature and is intended solely for the information and use of Mission, North Carolina Department of Justice, and DHHS and is not intended to be and should not be used by anyone other than those specified parties.

Charlotte, North Carolina
February 3, 2015

Dixon Hughes Goodman LLP

ATTACHMENTS

Schedule #1

Organization	Hospital
Novant Health	Forsyth Medical Center
Palmetto Health	Palmetto Richland Hospital
Spartanburg Regional Healthcare System	Spartanburg Regional Medical Center
First Health of the Carolinas	Moore Regional Hospital
Wake Medical	Wake Medical – New Bern Avenue Campus
New Hanover Health Network	New Hanover Regional Medical Center
Cape Fear Valley Health System	Cape Fear Valley Medical Center
Centra Health, Inc.	Lynchburg General Hospital
Mission Health System, Inc.	Mission Hospital, Inc.

Schedule #2

All data elements listed below are based on the fiscal year ended 2013.

The information requested below includes hospital activity only and excludes any psych, rehab, newborns, joint ventures, skilled nursing facilities and investments.

For the Hospitals listed in “Schedule #1”, we obtained the following data elements:

- Cost Report (Gross Inpatient Service Revenue, Gross Outpatient Service Revenue, Net Patient Service Revenue, Operating Expenses, Other Revenue)
- Number of Inpatient Discharges, excluding newborns
- Overall Case-Mix Index, excluding newborns
- Bad Debt Expense
- Cost of Charity Care amount (ANDI methodology)
- Provider number

Schedule #3

All procedures listed below are based on the fiscal year ended 2013.

Based on the data elements collected in “Schedule #2”, we calculated the following ratios:

- Discharges Adjusted for Case-Mix Index, excluding newborns
- Inpatient Revenue per Discharge Adjusted for Case-Mix Index (“CMI”), excluding newborns
- Total Adjusted Discharges Adjusted for CMI
- Total Operating Expenses per Adjusted Discharge Adjusted for CMI
- Operating Margin (Deficit) (Total Net Patient Service Revenue plus Other Revenue less Total Operating Expenses divided by Total Net Patient Service Revenue plus Other Revenue).

Attachment #1 - 2013

Name of Hospital	Inpatient Discharges, excluding newborns	Overall Case Mix Index, excluding newborns	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Operating Expenses	Total Bad Debt Expense	Net Patient Service Revenue	Charity Care (based on cost)	Other Revenue
Forsyth Medical Center	42,957	1.5400	1,215,716,482	1,116,763,236	1,107,401,004	24,537,272	1,078,857,787	41,463,734	15,812,183
Palmetto Richland Hospital	27,697	1.5294	1,760,472,285	905,853,749	649,490,438	34,120,509	652,383,217	34,118,525	65,167,029
Spartanburg Regional Medical Center	23,841	1.4920	1,010,846,950	761,960,850	560,036,081	50,625,000	588,292,459	10,290,633	22,937,128
FirstHealth Moore Regional Hospital	20,825	1.5498	685,801,415	587,416,910	495,150,267	39,191,818	491,357,306	9,392,365	52,362,180
Wake Medical - New Bern Avenue Campus	31,840	1.5620	1,507,338,494	1,089,253,349	692,137,186	32,203,756	690,139,042	80,695,392	16,738,815
New Hanover Regional Medical Center	35,812	1.6231	1,168,881,061	876,863,660	671,120,805	103,023,074	687,658,077	15,022,591	36,792,031
Cape Fear Valley Medical Center	30,912	1.4200	1,381,930,507	927,808,379	584,749,441	129,075,812	577,416,182	42,176,663	32,781,177
Centra Health, Inc.	24,529	1.4477	624,818,556	437,462,799	622,531,907	25,332,420	532,229,134	16,635,177	53,646,964
Mission Hospital	40,780	1.6964	1,324,811,443	952,245,412	895,912,002	75,622,153	942,328,091	21,506,565	40,286,649

Attachment #2 - 2013

Name of Hospital	Number of inpatient discharges, excluding newborns	Overall Case Mix Index, excluding newborns	Discharges Adjusted for Case Mix Index, excluding newborns	Gross Inpatient Revenue	Inpatient Rev. per Discharge Adjusted for Case Mix Index, excluding newborns	Gross Outpatient Revenue
Forsyth Medical Center	42,957	1.5400	66,154	1,215,716,482	18,377	1,116,763,236
Palmetto Richland Hospital	27,697	1.5294	42,360	1,760,472,285	41,560	905,853,749
Spartanburg Regional Medical Center	23,841	1.4920	35,571	1,010,846,950	28,418	761,960,850
FirstHealth Moore Regional Hospital	20,825	1.5498	32,275	685,801,415	21,249	587,416,910
Wake Medical - New Bern Avenue Campus	31,840	1.5620	49,734	1,507,338,494	30,308	1,089,253,349
New Hanover Regional Medical Center	35,812	1.6231	58,126	1,168,881,061	20,109	876,863,660
Cape Fear Valley Medical Center	30,912	1.4200	43,895	1,381,930,507	31,483	927,808,379
Centra Health, Inc.	24,529	1.4477	35,511	624,818,556	17,595	437,462,799
Mission Hospital	40,780	1.6964	69,179	1,324,811,443	19,150	952,245,412
Total w/o Mission	238,413	12.1640	363,626	9,355,805,750	209,099	6,703,382,932
Avg. w/o Mission	29,802	1.5205	45,453	1,169,475,719	26,137	837,922,867
Total all entities	279,193	13.8604	432,805	10,680,617,193	228,249	7,655,628,344
Average of totals	31,021	1.5400	48,089	1,186,735,244	25,361	850,625,372
Mission over (under) avg. of entities w/o Mission	10,978	0.1759	23,726	155,335,724	(6,987)	114,322,546
Mission over (under) avg. of all entities	9,759	0.1564	21,090	138,076,199	(6,211)	101,620,040

(continued)

Attachment #2 - 2013, continued

Name of Hospital	Total Adjusted Discharges, adjusted for CMI	Total Operating Expenses	Total Operating Expense per Adj. Discharge, adj. for CMI	Net Patient Service Revenue	Other Revenue	Operating Margin (Deficit)
Forsyth Medical Center	126,924	1,107,401,004	8,725	1,078,857,787	15,812,183	-1.16%
Palmetto Richland Hospital	64,156	649,490,438	10,124	652,383,217	65,167,029	9.49%
Spartanburg Regional Medical Center	62,384	560,036,081	8,977	588,292,459	22,937,128	8.38%
FirstHealth Moore Regional Hospital	59,919	495,150,267	8,264	491,357,306	52,362,180	8.93%
Wake Medical - New Bern Avenue Campus	85,673	692,137,186	8,079	690,139,042	16,738,815	2.09%
New Hanover Regional Medical Center	101,732	671,120,805	6,597	687,658,077	36,792,031	7.36%
Cape Fear Valley Medical Center	73,365	584,749,441	7,970	577,416,182	32,781,177	4.17%
Centra Health, Inc.	60,374	622,531,907	10,311	532,229,134	53,646,964	-6.26%
Mission Hospital	118,905	895,912,002	7,535	942,328,091	40,286,649	8.82%
Total w/o Mission	634,527	5,382,617,129	69,047	5,298,333,204	296,237,507	33.00%
Avg. w/o Mission	79,316	672,827,141	8,631	662,291,651	37,029,688	4.13%
Total all entities	753,432	6,278,529,131	76,582	6,240,661,295	336,524,156	41.82%
Average of totals	83,715	697,614,348	8,509	693,406,811	37,391,573	4.65%
Mission over (under) avg. of entities w/o Mission	39,589	223,084,861	(1,096)	280,036,441	3,256,961	4.70%
Mission over (under) avg. of all entities	35,190	198,297,654	(974)	248,921,280	2,895,076	4.17%



Mission Health System, Inc

COPA Financial Review – FY13 Results

September, 2014

(18)

Mission Hospital, Inc.

COPA Peer Hospital Trend (Cost per CMI Adjusted Case)

	COPA Average Benchmark Determination						Mission Hospital Actuals	Mission Hospital Yr Chg	Variance
	PPI %	PPI Adjusted	COPA Peer Median	Truven Median	Peer Blend				
					Average	Yr Chg			
FY07	2.90%	7,437	7,667	7,973	7,692	2.3%	7,338	4.4%	354
FY08	3.20%	7,675	8,022	8,239	7,979	3.7%	7,653	4.3%	326
FY09	3.30%	7,928	9,303	8,042	8,424	5.6%	7,777	1.6%	647
FY10	3.00%	8,166	7,877	8,186	8,076	-4.1%	7,867	1.2%	209
FY11	2.40%	8,362	8,693	8,559	8,538	5.7%	7,961	1.2%	577
FY12	2.50%	8,571	8,766	8,717	8,685	1.7%	7,619	-4.3%	1,066
FY13	1.90%	8,734	8,631	8,513	8,626	-0.7%	7,535	-1.1%	1,091

Mission Health System, Inc.

COPA Financial Operating Margin Constraint

FY11 - FY13 Operating Margin – Mission Health System

	Net Revenue	Mission Health Operating Margin	Mission Health Margin %	Blended AA Median Plus 1%	Difference	(Payback)/Surplus
FY11	\$ 1,029,544,000	32,157,000	3.12%	5.47%	2.35%	\$ 24,194,284
FY12	\$ 1,054,401,000	55,506,000	5.26%	5.32%	0.06%	\$ 632,641
FY13	\$ 1,232,756,000	29,803,000	2.42%	5.40%	2.98%	<u>\$ 36,736,129</u>
FY11, FY12, FY13 Cumulative Surplus / (Payback)						\$ 61,563,053

Mission Health System, Inc.

COPA Financial Operating Margin Constraint

FY09 - FY13 Operating Margin – Mission Health System

	Net Revenue	Mission Health Operating Margin	Mission Health Margin %	Blended AA Median Plus 1%	Difference	(Payback)/Surplus
FY09	\$ 897,742,000	40,319,000	4.49%	5.21%	0.72%	\$ 6,463,742
FY10	\$ 966,669,000	36,409,000	3.77%	5.79%	2.02%	\$ 19,526,714
FY11	\$ 1,029,544,000	32,157,000	3.12%	5.47%	2.35%	\$ 24,194,284
FY12	\$ 1,054,401,000	55,506,000	5.26%	5.32%	0.06%	\$ 632,641
FY13	\$ 1,232,756,000	29,803,000	2.42%	5.40%	2.98%	<u>\$ 36,736,129</u>
FY09 - FY13 Cumulative Surplus / (Payback)						\$ 87,553,510

**Mission Health System, Inc.,
Reported Operating Margins**

September 30, 2013

**Amounts per Attachment “3”
(COPA – Financial review – FY13):**

Operating income	29,803,000
Operating margin	\$ 2.42%

**Amounts per Attachment “2”
(taken from Mission Health, Inc.’s Cost Report):**

Operating income	86,703,000
Operating margin	8.82%

Difference	\$ (56,900,000)
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Reconciling items:

Non-operating income on Schedule G of Cost Report	(3,190,000)
Other Adjustment from Schedule G of cost report	\$ (14,773,000)
Consolidated entities operating margin	(38,937,000)

Total reconciling items	(56,900,000)
	\$