

**ATTACHMENT A**

**Physician Responsibilities**

Name of Each Physician Affiliated with the Facility during the Reporting Period	Does the Physician have any Ownership Interest in the Facility? (Yes or No)	Name of Each Hospital where the Physician has Privileges (list only one hospital per line) (provide supporting documentation)	Provided Emergency Room Coverage during Reporting Period? (Yes or No) (provide supporting documentation)	# of Nights on Call during Reporting Period
Aldridge, Julian Mack	Y	North Carolina Specialty Hospital	Y	33
		Durham Regional Hospital		
		Rex Healthcare		
		Person memorial Hospital		
		Granville Medical Center		
Burt, Mark	Y	Rex Healthcare	Y	51
		Wake Med		
		Duke Raleigh Hospital		
		Blue Ridge Surgery Center		
Dellaero, David	Y	Betsy Johnson Regional Hospital	Y	35
		Durham Regional Hospital		
		North Carolina Specialty Hospital		
		Person memorial Hospital		
		Granville Medical Center		
		Davis Ambulatory Surgical Center		
Hage, William	Y	Wake Med	Y	57
		North Carolina Specialty Hospital		
		Rex Healthcare		
		Blue Ridge Surgery Center		
Kerner, Paul	Y	North Carolina Specialty Hospital	Y	61
		Durham Regional Hospital		
		Rex Healthcare		
		Davis Ambulatory Surgical Center		
Kuremsky, Marshall	Y	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 Johnston Health	Y	96
		Wilson Memorial Hospital		
		Betsy Johnson Regional Hospital		
Rosenberg, Brett	Y	Person memorial Hospital	Y	84
		North Carolina Specialty Hospital Johnston Health		
		Betsy Johnson Regional Hospital		
Rosenblum, Sheperd	Y	North Carolina Specialty Hospital	Y	57
		Rex Healthcare		
		Wake Med		
		Blue Ridge Surgery Center		
Silver, William	Y	North Carolina Specialty Hospital	Y	25
		Durham Regional Hospital		
		Person memorial Hospital		
		Granville Medical Center		
		Blue Ridge Surgery Center		
		Rex Healthcare		
Solic, John	Y	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	Y	21
		Durham Regional Hospital		
		Granville Medical Center		
		Person memorial Hospital		
Viens, Nicholas	N	Granville Medical Center	Y	44
		North Carolina Specialty Hospital		
		Durham Regional Hospital		
		Person memorial Hospital		
		Wake Med		
Winters, Steven	Y	Granville Medical Center	Y	45
		North Carolina Specialty Hospital		
		Durham Regional Hospital		
		Person memorial Hospital		

## ATTACHMENT B

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

### 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.

ATTACHMENT B

Patient Payment Data		From <u>8</u> / <u>1</u> / <u>15</u>
		To <u>7</u> / <u>31</u> / <u>16</u>
# of Surgical Cases		2234
	<b>REVENUE</b>	
<b>Gross Patient Revenue</b>		
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
<b>Total</b>	\$	20,533,394
<b>Deductions from Gross Patient Revenue</b>		
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
<b>Total Deductions from Patient Revenue</b>	\$	13,421,845
<b>Net Patient Revenue</b>	\$	7,111,549
Other Revenue		
<b>Total Revenue</b>	\$	7,111,549

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

ATTACHMENT B

	<u>Total</u>
OP Surgery Gross Charges	\$20,437,250
ASC-Total Joint Gross Charges	96,144
Gross Revenue	<u>20,533,394</u>
Contractuals	(13,222,131)
Contractuals -Total Joint	(45,959)
Bad Debt Expense	(153,755)
Net Patient Revenue	<u>7,111,549</u>
Other Revenue	4,649
<b>Total Net Revenue</b>	<u><b>7,116,198</b></u>
<b>Operating Expenses</b>	
Clinical Supplies	2,231,743
Purchased Services	1,658,336
Professional Fees	30,491
Travel	3,363
Utilities	126,636
Other Operating Exp	607,179
<b>Total Operating Expenses</b>	<u><b>4,657,748</b></u>
<b>Non-Operating Expenses</b>	
Rent	597,555
Other Non-Operating Exp	179,807
Corporate Gen. & Admin. Exp	57,416
<b>Total Non-Operating</b>	<u><b>834,778</b></u>
<b>EBITDA</b>	<b>1,623,672</b>
Depreciation	422,718
Amortization	4,781
<b>Total Depreciation &amp; Amortization</b>	<u><b>427,499</b></u>
Investment Income & Expense	72,022
<b>EBT</b>	<b>1,124,152</b>
<b>Net Income(Loss)</b>	<u><u><b>1,124,152</b></u></u>

Safe Surgery Checklist: Test, Amkai #xxxx			
<b>Test, Amkai</b> Case: <input type="text"/> v Chart: xxx / DOB: n/a		Facility: <b>Triangle Orthopaedics Sur</b> PP: <b>KUREMSKY MARSHALL</b> Sx Proc: Pre-Op Dx: Physician:	
Sx Date: <b>07/13/2015</b> v Owner: <b>MULLEN HOWARD III</b> v		Height: <b>0' 0"</b> Weight: <b>0lbs</b> BMI: <b>0</b>	
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	
Preprocedure Check-In	Sign-In	Time-Out	Sign-Out
<b>In Holding Area</b>	<b>Before Induction of Anesthesia</b>	<b>Before Skin Incision</b>	<b>Before the Patient Leaves the Operating Room</b>
<b>Patient/patient representative actively confirms with Registered Nurse(RN):</b>	<b>RN and Anesthesia care provider confirm:</b>	<b>Initiated by designated team member:</b>	<b>RN confirms:</b>
Identity <input type="checkbox"/> Yes	Confirmation of: identity, procedure, procedure site and consent(s) <input type="checkbox"/> Yes	Introduction of team members <input type="checkbox"/> Yes	Name of operative procedure, Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Procedure and procedure site <input type="checkbox"/> Yes	Site Marked by person performing the procedure <input type="radio"/> Yes <input type="radio"/> N/A	Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes	Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Consent(s) <input type="checkbox"/> Yes	Patient allergies <input type="radio"/> Yes <input type="radio"/> N/A	Site is marked and visible <input type="radio"/> Yes <input type="radio"/> N/A	Any equipment problems to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Site Marked by person performing the procedure <input type="radio"/> Yes <input type="radio"/> N/A	Difficult airway or aspiration risk? <input type="radio"/> No <input type="radio"/> Yes (preparation confirmed)	Relevant images properly labeled and displayed <input type="radio"/> Yes <input type="radio"/> N/A	<input type="text"/>
<b>RN confirms the presence of:</b>	Risk of blood loss (>500ml) <input type="radio"/> Yes <input type="radio"/> N/A	Equipment concerns <input type="checkbox"/> N/A	<input type="text"/>
History and physical <input type="checkbox"/> Yes	Number of units available <input type="text"/>	<b>Anticipated Critical Events Surgeon:</b> States the following:	<b>To all team members:</b>
Peanesthesia Assessment <input type="checkbox"/> Yes	Anesthesia safety check completed <input type="checkbox"/> Yes	<input type="checkbox"/> Critical or nonroutine steps	What are the key concerns for recovery and management of this patient? <input type="checkbox"/> N/A
Diagnostic and radiologic test results <input type="radio"/> Yes <input type="radio"/> N/A	<b>Briefing:</b>	<input type="checkbox"/> Case duration	<input type="text"/>
Blood products <input type="radio"/> Yes <input type="radio"/> N/A	All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes	<input type="checkbox"/> Anticipated blood loss	<input type="text"/>
Any special equipment, devices, implants <input type="radio"/> Yes <input type="radio"/> N/A		<b>Anesthesia Provider:</b>	
Notes <input type="text"/>		Antibiotic prophylaxis initiated within one hour before incision <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
		Additional concerns <input type="checkbox"/> N/A	
		<b>Scrub and circulating nurse:</b>	
		Sterilization indicators have been confirmed <input type="radio"/> Yes <input type="radio"/> N/A	
		Additional concerns <input type="checkbox"/> N/A	
		<input type="text"/>	
Audit Trail	Reports	Sign Electronically	Save Save&Close Cancel

## 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



Ambulatory Surgical Center Web-Based 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
1396089108	Completed	Completed	Completed	Completed

<

# ATTACHMENT D

**CMS Quality Indicators: Test, Amkai #xxxx**

**Test, Amkai** Case: [Cancelled] [3/20/2014] ART  
Chart: xxxx / Sx Date: 03/20/2014 05:30PM v PP: [Redacted] Sx Proc:  
DOB: n/a Physician: [Redacted] Pre-Op Dx:

**Confirmations:**

**Tagged Nurses Notes:**

**CMS Qualifiers:**

All Clear:

- G8907 AND  G8916 Patient with Pre-Operative order for IV antibiotic for SSI prophylaxis administered on time.
- G8917 Patient with Pre-Operative order for IV antibiotic for SSI prophylaxis NOT administered on time.
- G8918 Patient 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:**

<p>1. Patient Burn:</p> <ul style="list-style-type: none"><li><input type="radio"/> G8908 Patient documented to have received a burn prior to discharge.</li><li><input type="radio"/> G8909 Patient documented to have not received a burn prior to discharge.</li></ul>	<p>4. Hospital Transfer/Admission</p> <ul style="list-style-type: none"><li><input type="radio"/> G8914 Patient documented to have experienced a hospital transfer or hospital admission upon discharge from the ASC.</li><li><input type="radio"/> G8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from the ASC.</li></ul>
<p>2. Patient Fall in ASC Facility:</p> <ul style="list-style-type: none"><li><input type="radio"/> G8910 Patient documented to have experienced a fall within the ASC.</li><li><input type="radio"/> G8911 Patient documented to have not experienced a fall within the ASC.</li></ul>	<p>5. Timing of Prophylactic Antibiotic Administration</p> <ul style="list-style-type: none"><li><input type="radio"/> G8916 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, antibiotic administered on time.</li><li><input type="radio"/> G8917 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, antibiotic NOT administered on time.</li><li><input type="radio"/> G8918 Patient without Pre-Operative order for IV antibiotic for surgical site infection.</li></ul>
<p>3. Wrong Site/Side/Patient/Procedure/Implant</p> <ul style="list-style-type: none"><li><input type="radio"/> G8912 Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.</li><li><input type="radio"/> G8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.</li></ul>	

**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.

## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
551001	Triangle Ortho Surg Ctr NC	04/01/2015	06/30/2015

Q2 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%

8.07%

### 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%

\*Historical comparison refers to previous year

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## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
551001	Triangle Ortho Surg Ctr NC	04/01/2015	06/30/2015

### Discharges by primary payer (Client)

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%

\*Historical comparison refers to previous year

## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
561970	Triangle Ortho Surg Ctr NC	07/01/2015	09/30/2015

03 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%

8.05%

## Discharges by primary payer (Client)

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

\*Historical comparison refers to previous year

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## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
561970	Triangle Ortho Surg Ctr NC	07/01/2015	09/30/2015

### Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
13	Commercial: HMO/PPO	18	3.28%
CI	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%

\*Historical comparison refers to previous year

## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
576112	Triangle Ortho Surg Ctr NC	10/01/2015	12/31/2015

Q4 2015

### 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%

4.38%

### 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%

\*Historical comparison refers to previous year

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## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
576112	Triangle Ortho Surg Ctr NC	10/01/2015	12/31/2015

### Discharges by primary payer (Client)

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%

\*Historical comparison refers to previous year

## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
588807	Triangle Ortho Surg Ctr NC	01/04/2016	03/31/2016

Q1 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
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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## Outpatient client-to-standard mappings

Batch ID	Submitting organization name	Begin date	End date
588807	Triangle Ortho Surg Ctr NC	01/04/2016	03/31/2016

### Discharges by primary payer (Client)

Client input	Mapped payer description	Total discharges	% of Total
CI	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%

\*Historical comparison refers to previous year