

THE FUTURE OF HOSPITAL/PHYSICIAN ASC JOINT VENTURES:

NEW REASONS TO PARTNER NEW OWNERSHIP MODELS THAT WORK

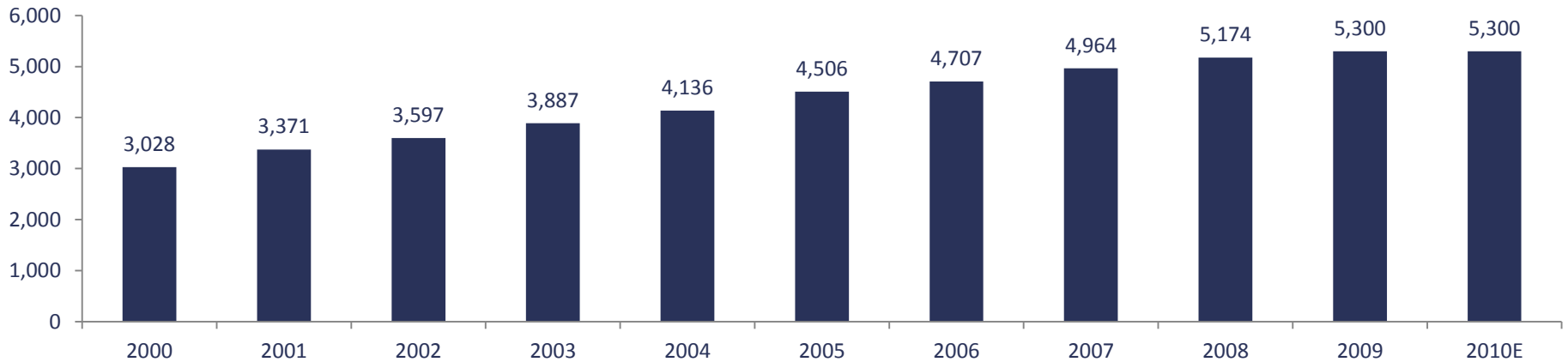
Jeffrey Simmons, Chief Development Officer

Michael McKeivitt, SVP Business Development

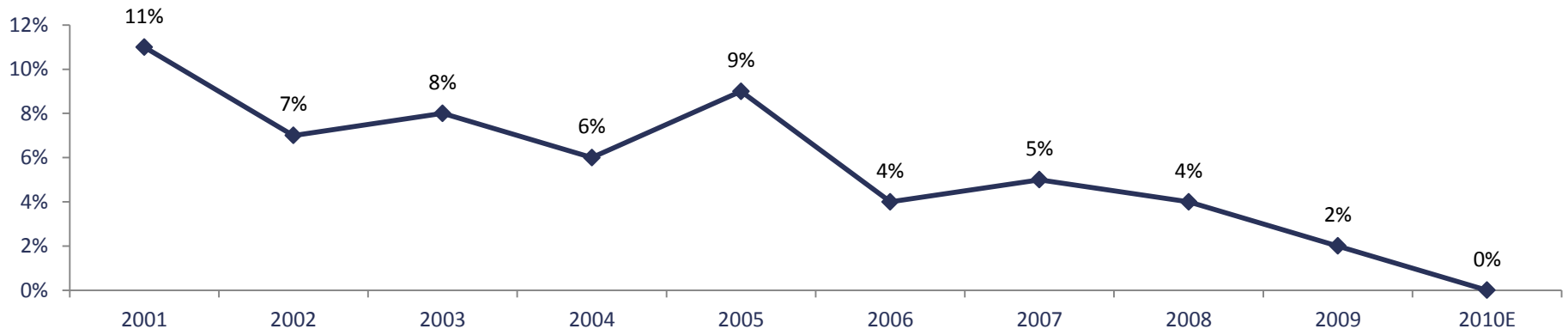
July 28, 2011

ASC Growth Rates have Stagnated

Number of Medicare Certified ASCs

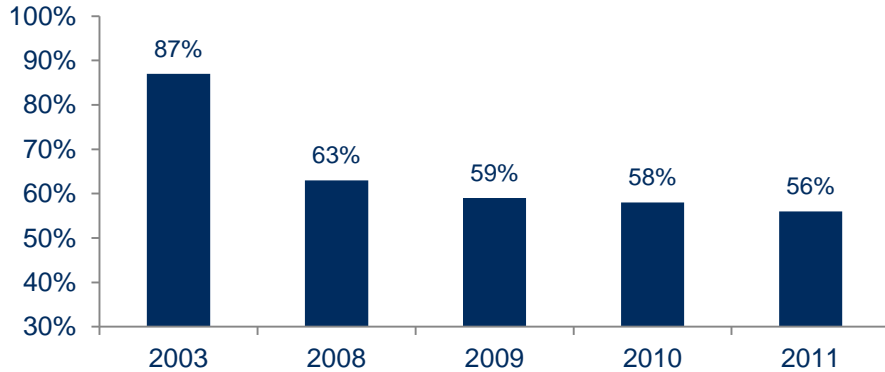


Growth Rate of Medicare Certified ASCs

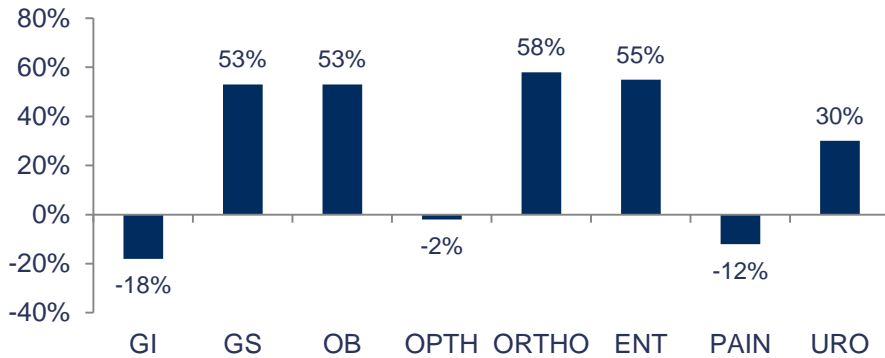


Reimbursement and Ownership Dynamics

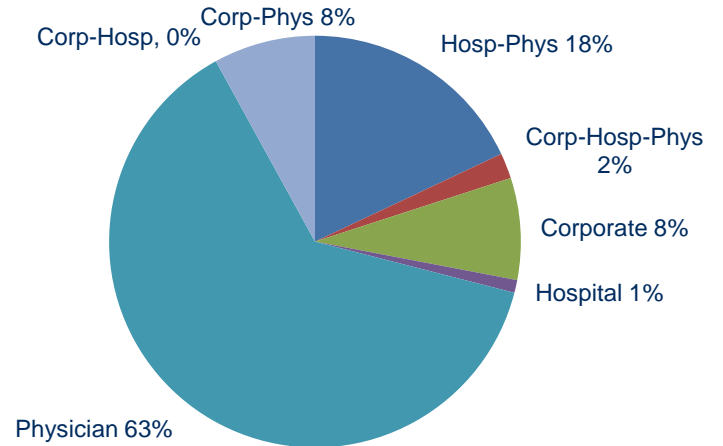
Medicare Reimbursement as a % of HOPD



2008-2010 Medicare Reimbursement Shifts



2010 ASC Ownership Breakdown

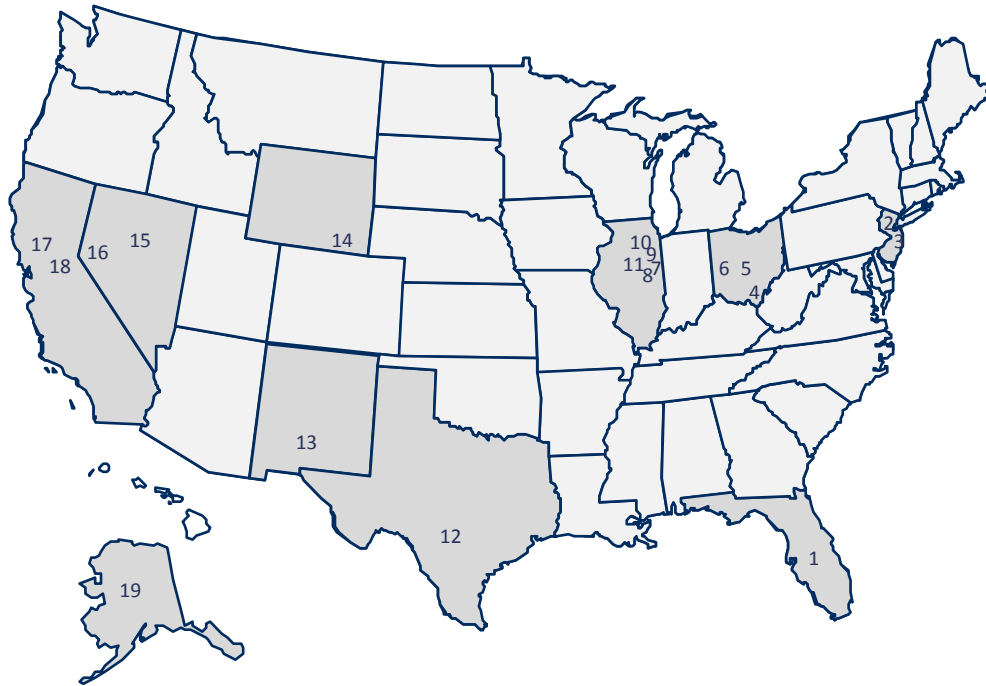


Commentary

- Over 90% of ASCs have physician ownership
- Approximately 20% of ASCs have a hospital partner
- Reimbursement shifts in recent years
- Evaporation of Out-of-Network reimbursement

Source: KNG Health / VMG Intellimarker

RSH's Current Facilities and Hospital Partnerships Span the Country



- | | |
|--|---|
| <p>1. Surgery Center of Mount Dora
Mount Dora, FL</p> | <p>10. Ravine Way Surgery Center
Glenview, IL</p> |
| <p>2. Peninsula Ambulatory Surgical Center
Bayonne, NJ
<i>Partnered with Bayonne Medical Center</i></p> | <p>11. Swedish Covenant ASC - Under Development
Chicago, IL
<i>Partnered with Swedish Covenant Hospital</i></p> |
| <p>3. Robert Wood Johnson ASC*
New Brunswick, NJ
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San Antonio, TX</p> |
| <p>4. Marietta Surgery Center
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| <p>7. Palos SurgiCenter
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| <p>8. Midland Surgical Center
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| <p>9. IL Sports Medicine and Orthopedic Surgery Center
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| <p>* Under Development</p> | <p>19. Surgery Center of Anchorage
Anchorage, AK</p> |

Why Should a Hospital JV with an ASC?

Description

Advantage

Recruitment

- Financial upside
- Enhanced patient experience
- Enhanced productivity

Market Share

- Increase inpatient and outpatient volume
- Grow service area
- Branding

Capacity

- Free up operating room capacity
- Refill capacity with higher acuity volume



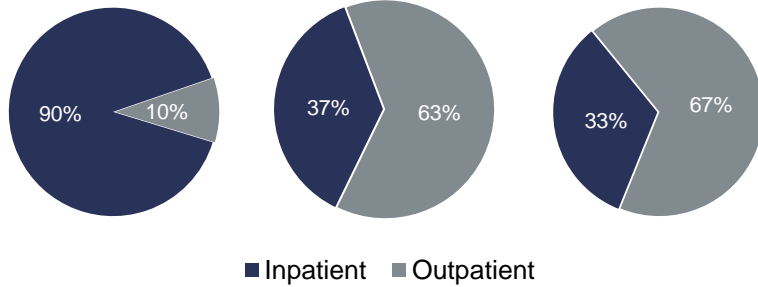
Initial Focus: Specialties such as ophthalmology and gastroenterology cases which will not significantly impact hospital

Shift in Hospital Operating Room Dynamics

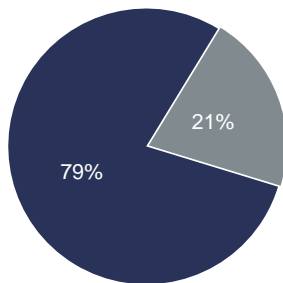
1980

2005

2015



2010 Hospital ASC Ownership



■ No Hospital Investor ■ Hospital Investor

Key Goals Surrounding an ASC Strategy

Physician Recruitment

- Joint Venture opportunity creates financial upside and fosters retention

Market Share

- Increase inpatient and outpatient volume
- Grow service area
- Branding in new markets

Capacity

- Ease scheduling limitations
- Free up hospital operating room capacity
- Refill capacity with higher acuity volume

Introduction Of The Hospital As A Serious and Fair Partner

- The Earth is round for a reason
 - What comes around, goes around
 - The emergence of the physician owned ASC model resulted from surgeons leaving hospitals in droves the past 15 plus years for numerous reasons such as:
 - Control over management and operations
 - Profits
 - They really wanted to get away from the hospitals
 - Most hospitals only wanted to partner with surgeons if they could own most of the ASC , control it and, worse, manage it
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Introduction Of The Hospital As A Partner

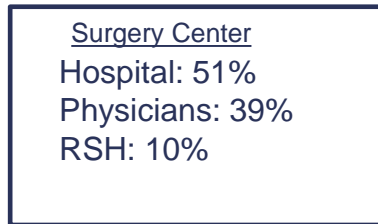
- Today, hospitals have already felt the economic reduction of profitable outpatient surgeries and are more willing to share control and profits than before
 - With healthcare reform just beginning and reform that favors strategic alliances with hospitals and physicians, forward-thinking hospitals and surgeons have already implemented this strategy or are planning for it
 - Hospitals have come to the realization that they cannot operate outpatient centers themselves. They are too inefficient and have come to almost insist that professional surgery center management is required to implement these models
 - Outside management acts as a buffer between surgeons and hospitals
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The Economics of a Surgeon/Hospital/Outside Management model

- Medicare will pay the ASC the same per case regardless whether the ASC is independent or not
 - The average reimbursement for independent ASCs by payors is about \$1200-\$1700 per case
 - The average reimbursement by payor for hospital-affiliated ASCs are about \$2200-\$3000 per case
 - The differences between hospital affiliated ASCs and independent ASCs are very significant financially, resulting in profits that can be 200-300 percent greater, especially if the independent ASC cannot achieve OON payments and is not primarily orthopedic based
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Different Ownership Models Exist Depending On Goals

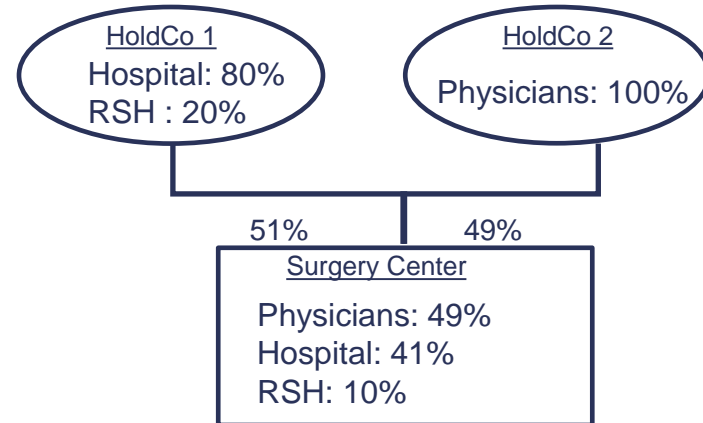
Classic Hospital Controlled ASC



Structure

- Hospital has 2 board seats, Physicians have 2 seats and Regent has 1 seat
- Compelling negotiating position with payors
- Carve-out rights can be structured on operational decisions

Hospital Contracting Model

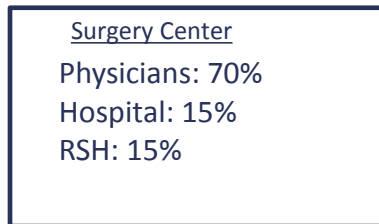


Structure

- Hospital has 2 board seats, Physicians have 4 seats and Regent has 1 seat
- Physicians are Class A shareholders and Hospital and RSH represent Class B shareholders
 - Hospital controls Class B and majority vote
- Physicians retain voting control on clinical issues
- Maximizes physician financial upside while maintaining hospital's earnings consolidation ability

Hospital Interest Can Span Ownership Spectrum

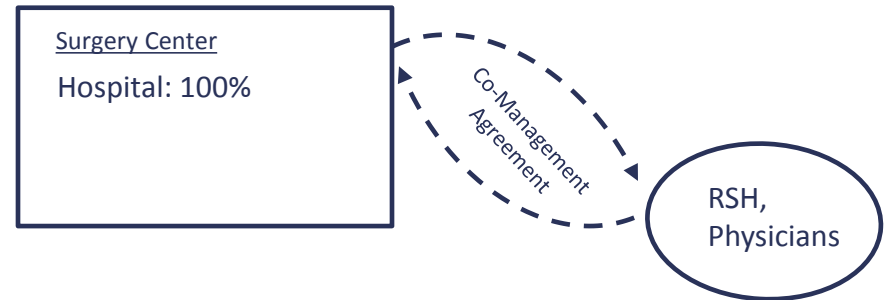
Minority Interest Model



Structure

- Physicians have 4 board seats, RSH and Hospital each have 1 seat
- Physicians have control over key operational and clinical decisions

HOPD Model

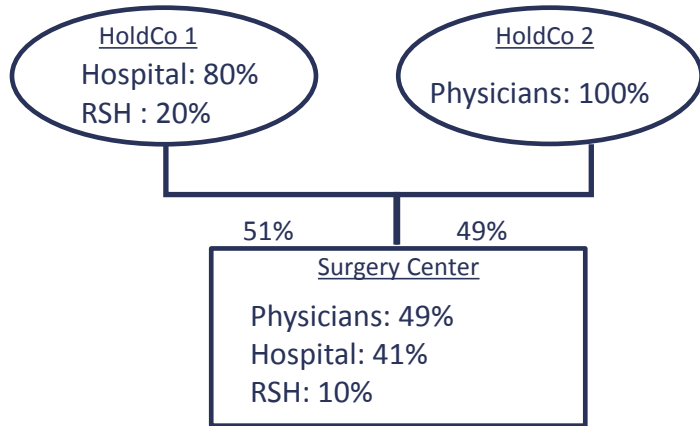


Structure

- Hospital owns 100% of ASC, enabling HOPD rates
- Surgeons and management company engaged to provide operational and clinical oversight

Our Recommended Model

Hospital Contracting Model



Commentary

- Hospital and management company develop or acquire ASC
 - Hospital and management company own 51%
 - Doctors own 49% or less
- Two classes of shares
- Hospital has certain rights which enable it to
 - Control ASC
 - Meet charitable objectives
 - Obtain hospital contract rates
- These rates are oftentimes a discount of HOPD rates that payers provide
 - Usually 30-40% discounts, but typically much higher than independent contract rates
- The operating agreement describes the hospital's controlling rights, typically focusing on
 - Budget
 - Capital
 - Debt
 - Sale price
 - Issuance of shares
- Doctors can control Management and Clinical Operations thru board of director votes; 4,2.1
- Doctors select Anesthesia Coverage
- Doctors have votes to determine which doctor partners to allow into partnership

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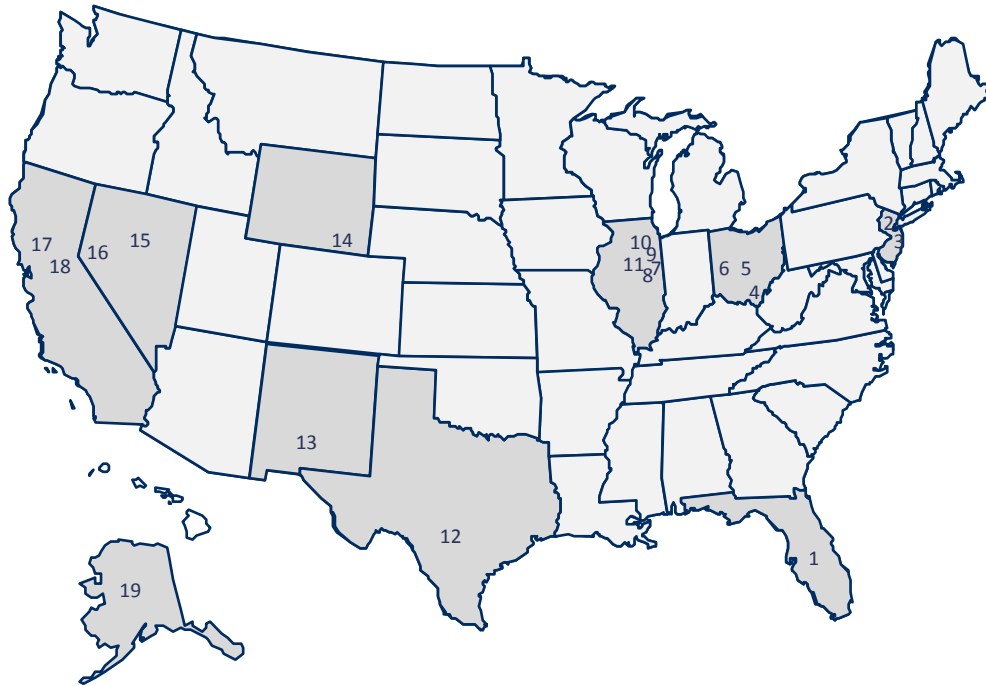
ACQUISITION

THE DISCOVERY THAT YOU'RE NO LONGER A BIG FISH IN A SMALL POND,
OR EVEN A SMALL FISH IN A BIG POND, BUT A SMALL FISH IN A BIG FISH.

When Is It Best To Use Our Recommended Model?

- When the doctors trust the local hospital and the local CEO has job security
 - In an over-saturated competitive ASC market
 - In a community where payors squeeze the independent ASCs on price
 - In a market where the hospital of choice is accustomed to joint ventures with doctors
 - Where hospitals fully embrace accountable care organizations and would be inclined to partner with doctors
 - In a market where the hospital has a strong track record of negotiating favorable contract rates
 - If an existing ASC, when the ASC has matured and/or does not see a significant increase in profits over the past
 - If the local surgeons can utilize this model to form a strategic alliance with the local hospital of choice
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Regent Surgical Health Background

Seasoned Operator

- Founded in 2001, Regent Surgical Health (RSH) has managed and developed 23 surgery centers and 2 acute care hospitals

Experienced Team

- Diverse backgrounds ranging from hospital administration, ASC management, acquisitions, joint ventures/physician syndication, quality management, and debt financing
- Public company management experience

Track Record

- Recruited hundreds of physicians to partnerships nationally and concluded 13 acquisitions and joint ventures with hospitals and doctors
- Collections and case growth exceeds industry peers

Partnership Driven

- Successfully partnered at 11 facilities with for-profit, non-profit and religious health systems
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Contact Information

Jeffrey Simmons

jsimmons@regentsurgicalhealth.com

707.396.0138

Michael McKevitt

mmckevitt@regentsurgicalhealth.com

312.848.5301
